

Public Board Meeting

Thu 31 July 2025, 09:30 - 14:30

Woodland House, Coed Y Bwl

Agenda

09:30 - 09:30 1. Welcome & Introductions
0 min

Charles Janczewski

09:30 - 09:30 2. Apologies for Absence
0 min

Charles Janczewski

09:30 - 09:30 3. Declarations of Interest
0 min

Charles Janczewski

09:30 - 09:35 4. Minutes of the Board meeting held 29.05.2025 and the Special Board Meeting held 25.06.2025
5 min

Charles Janczewski

- 4a. Minutes of the Public Board Meeting 29.05.2025 ns.pdf (20 pages)
- 4b. Special Board Minutes 25.06.2025.pdf (5 pages)

09:35 - 09:40 5. Actions – following meeting held on: 29.05.2025
5 min

Charles Janczewski

- 5. Action Log - Public Board (5).pdf (2 pages)

09:40 - 13:45 6. Items for Review and Assurance
245 min

6.1. Patient Story – It’s so important to know basic life support – Keith and Lynn’s Story (15 MINUTES)

Jason Roberts

6.2. Chair’s Report & Chair’s Action taken since last meeting (10 MINUTES)

Charles Janczewski

- 6.2 Chairs Board report July FINAL.pdf (4 pages)

6.3. Chief Executive Officer Report (15 MINUTES)

Suzanne Rankin

- 6.3 CEO Board Report July Final.pdf (7 pages)
- 6.3a Leaders Who Listen 20250721 copy.pdf (2 pages)

6.4. Finance & Performance Committee Chairs Report (10 MINUTES)

John Union / Catherine Phillips

- 6.4 F&P Chairs Report 23.07.2025 (1).pdf (8 pages)

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6.5. Board Assurance Framework (10 MINUTES)

Matt Phillips

- 📄 6.5 BAF Cover Report.pdf (3 pages)
- 📄 6.5a BAF (1).pdf (38 pages)

6.6. Chairs' reports from Committees of the Board (15 MINUTES):

Matt Phillips

1. *Digital & Infrastructure 27.05.2025*
2. *Charitable Funds 10.06.2025*
3. *Quality 24.06.2025*
4. *People & Culture 08.07.2025*

- 📄 6.6.1 DHIC Chairs Report 27.05.2025.pdf (4 pages)
- 📄 6.6.2 CFC Chairs Report 10.06.2025.pdf (4 pages)
- 📄 6.6.3 Quality Committee Chairs Report 24.06.2025.pdf (4 pages)
- 📄 6.6.4 P&C Chairs Report 08.07.2025.pdf (5 pages)

6.7. Strategic Planning, Commissioning and Partnership Update (15 MINUTES)

Catherine Phillips

- 📄 6.7 Strategic Planning Commissioning and Partnerships Update.pdf (9 pages)

6.8. BREAK (10 MINUTES)

6.9. Monitoring the Annual Plan 2025/2026 (10 MINUTES)

Catherine Phillips

- 📄 6.9 Monitoring the Annual Plan 2526- July 2025.pdf (3 pages)

6.10. Integrated Performance Report (75 MINUTES)

Executives

- *Finance*
- *Public Health*
- *Operational Performance*
- *People & Culture*
- *Quality, Safety & Experience*
- *Digital*

- 📄 6.10 2025 IPR cover report v2 (1).pdf (27 pages)
- 📄 6.10a CV Jul-25 IPR (1).pdf (43 pages)

6.11. Annual Plan Quarter 1 Update (10 MINUTES)

Catherine Phillips

- 📄 6.11 Q1 Annual Plan Report 2526- Board July 2025 (1).pdf (7 pages)

6.12. LUNCH (30 MINUTES)

6.13. Theatre Service Review Update

Paul Bostock

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- 6.13 Theatres Together - Board Update July 2025.pdf (3 pages)
- 6.13a Theatres Together Improvement plan.pdf (17 pages)

13:45 - 14:20
35 min

7. Items for Approval / Ratification

7.1. Business Case - Transforming Access to Medicines (TRAMS) (10 MINUTES)

Catherine Phillips

The full case can be found in the supporting documents folder.

- 7.1 TRAMS Case (1).pdf (5 pages)

7.2. Digital Transformation Review – Board Self-Assessment (10 MINUTES)

David Thomas

- 7.2 Digital Transformation Board Report Cover.pdf (3 pages)
- 7.2a Review of Digital Transformation.pdf (7 pages)

7.3. Emergency Planning Response Resilience Annual Plan (5 MINUTES)

Paul Bostock

- 7.3 EPRR paper 1 - Emergency Planning Annual report to NHS Executive (1).pdf (3 pages)
- 7.3a 2024-25 EP Annual Report progress 2025.pdf (15 pages)

7.4. Committee Annual Reports (5 MINUTES)

The Annual Reports can be located in the Supporting Documents Folder

- 7.4 Committee Annual Reports 2024-25.pdf (2 pages)

14:20 - 14:20
0 min

8. Items for Noting and Information

8.1. Declaring Accommodation Surplus

Catherine Phillips

- 8.1 Declare Accommodation Surplus to requirement - Estate Rationalisation (1).pdf (3 pages)

8.2. Corporate Risk Register

Matt Phillips

- 8.2 CRR Board Report - July 2025.pdf (3 pages)
- 8.2a Corporate Risk Register July 2025.pdf (6 pages)
- 8.2b CEF Corporate Risk Register July 2025.pdf (12 pages)

8.3. Reports from Advisory Groups and Joint Committees:

Matt Phillips

Joint Commissioning Committee 20.05.2025

This document can be found in the supporting documents folder.

8.4. Committee and Advisory Group Minutes:

1. People & Culture 06.05.2025
2. Quality 13.05.2025
3. Finance & Performance 18.06.2025
4. Local Partnership Forum 10.04.2025

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14:20 - 14:20 9. Agenda for Private Board Meeting:

0 min

- i. *Approval of Private Board minutes*
- ii. *Planning Review*
- iii. *Legal Update*
- iv. *People & Culture Update*
- v. *Approval of Private Committee minutes*

14:20 - 14:20 10. Any Other Business

0 min

10.1. Review of the meeting

Charles Janczewski

10.2. Date and time of next meeting:

Thursday 25 September 2025 – Woodland House – Coed Y Bwl

10.3. Declaration for Private Board:

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Minutes of the Public Board Meeting
Woodland House, Coed Y Bwl
29 May 2025

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Lauranne Cullen	LC	Regional Director - Llais
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member – Trade Union
Susan Lloyd Selby	SL	Independent Member – Local Authority
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
John Union	JU	Independent Member – Finance
Rachna Upadhyia	RU	Independent Member
Georgina Galletly	GG	Transformation Director, Joint Commissioning Committee
Huw George	HG	Chief Commissioner, Joint Commissioning Committee
Ian Green	IG	Chair, Joint Commissioning Committee
Observers:		
Daniel Burke	DB	Management Graduate Trainee
Bevan Howells	BH	Management Graduate Trainee
Katie Powell	KP	Management Graduate Trainee
Nia Tate	NT	Management Graduate Trainee
Members of the Public		x2
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Steve Riley	SR	Independent Member – University
Lani Tucker	LT	Chair of the Stakeholder Reference Group

Ref	Agenda Item	
UHB 25/05/1	Welcome & Introductions The UHB Chair welcomed everybody to the meeting in English and Welsh.	
UHB 25/05/2	Apologies for Absence Apologies for absence were noted.	
UHB 25/05/3	Declarations of Interest No declarations were noted.	

<p>UHB 25/05/4</p>	<p>Minutes of the Board Meeting held 27.03.2025</p> <p>The Minutes of the Board Meeting held 27.03.2025 were received. It was noted that there was a sentence under UHW25/03/012 which needed to be removed as it was a admin prompt for the Senior Corporate Governance Officer when drafting the minutes.</p> <p>The Board resolved that:</p> <p>a) The minutes of the Board Meeting held 27.03.2025 were approved as a true and accurate record of the meeting pending the one amendment.</p>	
<p>UHB 25/05/5</p>	<p>Actions – Following Meeting held 27.05.2025</p> <p>All actions were received and reviewed.</p> <p>The Board resolved that:</p> <p>a) The Actions – Following Meeting held 27.05.2025 were noted.</p>	
<p>UHB 25/05/6.1</p>	<p>Patient Story – “The Care I Received was Fantastic”</p> <p>The Patient Story was received.</p> <p>The Executive Nurse Director (END) introduced the video and explained that it provided the Board with a Patient story from Sandra, highlighting her positive experience with post-surgical care in the community.</p> <p>The video (narrated by Sandra) emphasised the significance of the care she received, particularly in mobilising and building her confidence to walk around outside and in shops.</p> <p>The END noted that Sandra was discharged less than 24 after surgery and highlighted that there were some challenges with her discharge process, including the need for support from builders next door to ensure her home was suitable to go back into.</p> <p>Sandra's story illustrated the complexity of hospital discharge, and the effort required to ensure a smooth transition home.</p> <p>The END concluded that Sandra's ambition and independence played a significant role in her recovery, and he expressed concern that less independent patients might not achieve the same level of recovery.</p> <p>The UHB Chair asked the END to relay the Board's thanks to Sandra for providing her story.</p> <p>The Board resolved that:</p> <p>a) The Patient Story was noted.</p>	
<p>UHB 25/05/6.2</p> <p>Saunders Nathan 27/07/2025 09:16:36</p>	<p>Chairs Reports & Chairs Action taken since last meeting:</p> <p>The Chairs Report was received.</p> <p>The UHB Chair advised the Board that he would take the report as read and highlighted key points which included:</p> <ul style="list-style-type: none"> • The reappointment of three Independent Board Members: Ceri Phillips as Vice Chair, David Edwards as Independent Member for Information, Communication, Technology (IMICT) and Mike Jones as Independent Member for the Third Union (IMTU) • Clive Curtis was announced as the successor for the Independent Member (IM) serving the community, with a four-year appointment. 	

	<ul style="list-style-type: none"> Details of a visit to the lipid unit. The UHB Chair praised their work on the prevention agenda, particularly in cardiac activity and noted that the unit served patients from South Wales and the South of England. <p>The UHB Vice Chair advised the Board that he had visited the podiatry services and was impressed by their innovative and insightful work, which was also demonstrated to the Minister for Children and Social Care.</p> <p>The UHB Chair emphasised the high level of service demonstrated across the organisation and noted the importance of spotlighting less visible services.</p> <ul style="list-style-type: none"> A reflection on the importance of the quick change team, highlighting their motivation, enthusiasm, and the positive impact of their work. Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting. <p>The Board resolved that:</p> <ol style="list-style-type: none"> The report was noted. The Chair's Actions undertaken were approved. The application of the Health Board Seal and completion of the Agreements detailed within the report were approved. 	
<p>UHB 25/05/6.3</p> <p>Saunders, Nathan 27/07/2025 09:16:36</p>	<p>Chief Executive Officer (CEO) Report</p> <p>The CEO Report was received.</p> <p>The CEO advised the Board that she would take the report as read and noted that the report highlighted several important areas to bring to people's attention which included:</p> <ul style="list-style-type: none"> Submission of the annual plan for 2025-2026, which forecasted a deficit of £58.6 million. Welsh Government deemed this unsupportable and unacceptable. <p>It was noted that a position statement was submitted on May 9th 2025, outlining intentions to derisk the £30 million savings plan and deliver a deficit position, with further savings to be identified.</p> <ul style="list-style-type: none"> The Theatres comprehensive service review. <p>The CEO expressed concern and disappointment over the findings and apologised for any anxiety caused and accepted responsibility for the negative impact on the Health Board's reputation.</p> <p>The UHB Chair also expressed the Board's acceptance of responsibility towards the findings of the Theatre review and apologised on behalf of the Board.</p> <p>He added that everything would be done to put things right.</p> <p>The CEO emphasised the importance of addressing issues diligently and systematically, ensuring high-quality, safe, dignified, and respectful care for patients.</p> <p>The ongoing work to improve the culture, create psychological safety, and support staff in raising issues without fear of retribution was highlighted.</p> <p>The Independent Member – Third Sector (IMTS) as Chair of the People & Culture Committee advised the Board that the Theatres work had been received by the People & Culture Committee and reiterated her thanks to the Executives who had conducted a thorough and open review which had encouraged people to speak up.</p>	

	<ul style="list-style-type: none"> • International Nurses Day was celebrated acknowledging the significant contributions of Nurses, Midwives, and Healthcare Support Workers across various care settings. • The lesser known Library Service. It was noted that there had been some great work underway to improve the quality of services offered by the Library Services Team who supported health professionals in delivering high quality patient care by ensuring colleagues had access to the latest, reliable information and the necessary knowledge to find and use research in their practice and to make changes that improved services. • The Supreme Court ruling on the definition of sex in the Equality Act 2010, reaffirming the Health Board's commitment to providing a lawful, safe, and inclusive environment for all. <p>The CEO added that the Health Board were awaiting advice from WG on the Supreme Court ruling and noted that until it was received, the Health Board would continue as they had been doing which involved the dignity and inclusivity of all patients.</p> <p>She added that a further update would be provided when the information was received.</p> <p>The Board resolved that:</p> <p>a) The Strategic Overview and Key Executive Activity to provide assurance described in the report were noted.</p>	
<p>UHB 25/05/6.4</p>	<p>Finance & Performance Committee Chairs Report</p> <p>The Finance & Performance Committee Chairs Report was received.</p> <p>The UHB Chair advised the Board that it was new standing item for the agenda following the decision to make all Independent Members, members of the Finance & Performance (F&P) Committee from April 2025.</p> <p>He added that the report would be drafted following each Finance & Performance Committee which would take place the week prior to each Board meeting.</p> <p>The Independent Member – Finance (IMF) as Chair of the F&P Committee advised the Board that good discussions had been held at the meeting and allowed Independent Members an opportunity to scrutinise, question and support the Health Board's financial position.</p> <p>The Executive Director of Finance (EDF) advised the Board that report identified:</p> <ul style="list-style-type: none"> • Month one showed a deficit of £6.1 million against a predicted £5.5 million, indicating a £400,000 shortfall. • An operational surplus of £12,000 would be imperative to maintain the position throughout the year and ensure that all operational pressures were managed and mitigated throughout the year which would be undertaken through revised Clinical Board performance reviews and weekly Strategic Leadership Team meetings. • The Health Board had identified £25 million in savings, up from £7 million initially, but still needed to identify further savings. • The annual uplift of the Community Healthcare (CHC) was reviewed and approved by the Committee. • The Committee discussed the financial plan submission to Welsh Government, which remained unsolved and unacceptable. • The Committee was expecting further correspondence from Welsh Government regarding the financial plan. 	

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	<ul style="list-style-type: none"> The Committee reviewed the capital plan prioritisation and additional infrastructure in relation to the risks being taken. <p>The EDF concluded that the draft Capital Plan and the Annual CHC Uplift (reviewed by the F&P Committee) would be received by the Board later on the agenda at the meeting.</p> <p>The Board resolved that:</p> <p>a) The contents of the report were note.</p>
UHB 25/05/6.5	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) was received.</p> <p>The Director of Corporate Governance (DCG) advised the Board that the strategic risks were aligned to different Committees, with the Quality Committee and the Digital and Infrastructure Committee handling more significant portions of the risks.</p> <p>The Board was advised that under the sustainability risk, the Strategic Leadership Team (formerly the Senior Leadership Board) now met weekly, focusing on financial management and the Quality Improvement Efficiency Plan.</p> <p>The IMTS noted that within the BAF there was a comment about failure to recognise deteriorating patient and failure to escalate issues.</p> <p>She asked for further information around that as it was central to what the Health Board did.</p> <p>The Executive Nurse Director (END) responded that from a deteriorating patient point of view, it was a fact that a theme had been identified within the organisation (which he would pick up during his Quality report later in the meeting) and noted that a specific project group under quality excellence had been created to try and get under those issues and provide support.</p> <p>The Board resolved that:</p> <p>a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.</p>
UHB 25/05/6.6	<p>Chairs Reports from Committees of the Board:</p> <p>The UHB Chair invited Chairs of the Committees to provide any updates from the previous meetings held.</p> <p>People & Culture Committee: it was noted that the Committee had focussed on the wellbeing risk during the meeting and that significant pressures had been observed in terms of occupational health.</p> <p>The IMTS advised the Board that the wellbeing Team had been working with a neighbouring Health Board on the demand around the service.</p> <p>It was noted that the Committee had also focussed on sickness absence where it was highlighted that the relevant Team worked with staff in terms of their availability to work, what could be done to support them and to have an ongoing communication with staff who were absent due to sickness.</p> <p>The IMTS concluded by highlighting that the Committee received a spotlight report from PCIC where high turnover in leadership was identified but noted that the people presenting that report had stepped up to fill the gap and so thanks was expressed.</p> <p>It was noted that the committee had acknowledged the importance of managing staff availability to work, which was crucial for both well-being and financial recovery.</p>

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	<p>Quality Committee: The UHB Vice Chair as Chair of the Quality Committee advised the Board that the Committee had initiated a deep dive into the prevalence of never events, aiming to understand common themes and factors contributing to those incidents.</p> <p>He added that the report highlighted the importance of using the World Health Organisation (WHO) checklist rigorously to prevent never events.</p> <p>It was noted that the Committee were presented with the Suicide and Self-Harm Prevention Strategy emphasising the use of lived experience and co-producing services based on the feedback.</p> <p>The Board were advised that the shaping of the quality excellence framework was ongoing, with the goal of aspiring to excellence beyond meeting standards.</p> <p>The committee was focused on improving the quality of discharge summaries and reducing variance in their quality.</p> <p>The CEO noted that in relation to patient safety, there was question about the triangulation of data and that one of her reflections was that the Health Board looked at pathways of care which included surgery intervention.</p> <p>Mental Health Legislation Committee: The UHB Vice Chair advised the Board that an important discussion around the interface of the Mental Health Act (MHA) and Deprivation of Liberties (DOLs) had taken place at the meeting.</p> <p>He added that MHA was intended solely for assessment and treatment and noted that the information would permeate across the organisation as there were inappropriate use of the act and DOLs.</p> <p>It was noted that CHC cost issues were raised and that the Mental Health Team were trying to manage those with factors identified in some of the flows of patients from Hafan Y Coed and where they would end up.</p> <p>The UHB Vice Chair advised the Board that performance figures would be reported through the Integrated Performance Report later in the meeting but noted that Children and Young Adult Mental Health Services (CAMHS) was now on a stable and sound footing with problems identified a year or so again having been reduced.</p> <p>The CEO noted that when the Joint Commissioning Committee (JCC) joined the meeting, it could be useful to explore the approach they were taking on capacity management around Mental Health.</p> <p>Charitable Funds Committee: The IMF as Chair of the Charitable Funds Committee noted that the charity team had been re-structured and noted that the Committee had looked at how funds were managed across the organisation.</p> <p>He noted that good progress had been made within the charity team to enhance future resilience.</p> <p>The Board resolved that:</p> <p>a) The Chairs Reports were noted.</p>	
UHB 25/05/2025 09:16:36 N. Saunders-Nathan	<p>Strategic Planning, Commissioning and Partnership Update</p> <p>The Strategic Planning, Commissioning and Partnership Update was received.</p> <p>The EDF advised the Board that she would take the report as read and noted The strategic portfolio and planning work was taking shape with clear endpoints and steps for the next 12 months.</p>	

She added that it included the involvement of the Executive Team and supporting infrastructure.

The annual plan submission was discussed, with a focus on regional working, including the regional ophthalmology program and the development of regional pathology.

Specific regional collaborations mentioned included:

- Development of an Urgent Treatment Centre in Barry Community Hospital
- Development of the community hospital and community bed model as part of the suite of resources supporting people to remain in their communities
- Development of a crisis response capability to prevent avoidable admissions to EU and hospital
- Development of the 'connected communities' model of care, delivering proactive coordinated care closer to home for individuals with complex needs.

The EDF advised the Board that the strategic planning also involved addressing the commissioning of specialist services, such as Hepato-Pancreato-Biliary (HPB) Surgery, specialist infectious diseases and gynaecology, with a focus on sustainability and clarity in service provision.

It was noted that in relation to commissioning, interim governance arrangements had been established, standing down existing tactical and strategic commissioning groups replacing them with one monthly commissioning meeting, chaired by the Deputy Director of Finance.

The EDF advised the Board that the arrangement maximised capacity across the strategic commissioning and contracting team and ensured regular reporting through the Strategic Leadership Team (SLT).

- **Regional Ophthalmology:** it was noted that the regional programme successfully delivered its objective of ensuring that as of 31 March 2025 no stage 1 across the region was waiting over 95 weeks and no stage 4 patient was waiting over 104 weeks for cataract surgery. This followed significant non recurrent investment by Welsh Government in January to support this.
- **Stroke:** it was noted that Cardiff & Vale and Cwm Taf Morgannwg (CTM) UHB's continued to build on the stroke summit which collectively agreed a strategic direction of travel which would focus on working together to maintain an acute stroke service within CTM and develop the University Hospital of Wales (UHW) as a Comprehensive Regional Stroke Centre (CRSC) for specialised care.

It was noted that the two providers would work collaboratively to develop regional workforce plans to reduce the risk of service fragility across the region and ensure that the region could respond to the National Stroke Standards as they were released.

- **Pathology:** it was noted that regional partners recognised that embarking on a significant change programme such as regional cellular pathology modernisation was a significant ask and would require appropriate resourcing.

The EDF noted that partners had agreed what the regional desired change management model needed to look like and further work across planning, finance and operational colleagues was now taking place to understand how it could be implemented in an affordable manner.

- **South East Regional Work:** it was noted that the focus was about maximising the use of the Velindre Cancer Centre (VCC) as an optimal site, including potential investments to enhance its effectiveness.

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	<p>The Independent Member – Capital & Estates (IMCE) asked about the waiting times for primary care mental health services, specifically concerning the concerns raised about the waiting times and whether members of the public were being seen in person.</p> <p>The CEO responded that work had been done to reduce waiting times and noted that the Health Board had approached the JCC to ask them to agree commissioning, but it had been declined.</p> <p>She added that those points needed to be raised with the JCC.</p> <p>The Board resolved that:</p> <p>a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted.</p>	
<p>UHB 25/05/6.7</p>	<p>Joint Commissioning Committee Update</p> <p>The Joint Commissioning Committee Update was received and the Board were joined by the Chair of the Joint Commissioning Committee (JCC), The Chief Commissioner of the JCC and the Transformation Director of the JCC</p> <p>The Chair of the Joint Commissioning Committee (Chair JCC) explained to the Board the role of the JCC noting that it was a joint Committee of the seven Health Boards across Wales accountable for commissioning services for the population of Wales.</p> <p>It was noted that the JCC members included the seven Chief Executive Officers of the Health Boards and five lay members.</p> <p>Key pointed discussed included:</p> <ul style="list-style-type: none"> • The JCC's core services included commissioning ambulance services, NHS 111, specialist services (e.g., cancer, cardiac, renal), and high-level mental health services. • Strategic Objectives and Values: <ul style="list-style-type: none"> - The JCC has five strategic objectives: maximise value, reduce duplication, facilitate integration, ensure quality, and improve equity and population health. Those objectives were developed with input from the Joint Committee and Stakeholders. - The JCC's values and behaviours include respect, building trust, fostering collaboration, and striving for excellence. Those values were developed with staff and stakeholder feedback. - • Foundation Plan and Strategic Priorities: <ul style="list-style-type: none"> - The JCC submitted a foundation plan for 2025-26, focusing on eight strategic priorities, including transformation programs in areas like cardiac services, neonatal services, and mental health. The plan included annual work plans for each commissioned area and managing inherent risks. - The implementation framework for the foundation plan included clearly identified outcomes and quarterly milestones to track progress. • Challenges and Opportunities: <ul style="list-style-type: none"> - Key challenges included ensuring equity in service provision, transparency in commissioning decisions, and managing the cost of agreements. The JCC aimed to address those challenges through a transparent and collaborative approach. 	

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	<ul style="list-style-type: none">- The JCC was working on developing a longer-term strategy, which would include a risk and value-based prioritisation framework. The strategy would be developed with input from Health Boards, stakeholders, and data analysis. <ul style="list-style-type: none">• Engagement and Collaboration<ul style="list-style-type: none">- The JCC emphasised the importance of engagement and collaboration with Health Boards, including regular meetings with Chief Executives and other stakeholders. The JCC also aimed to improve communication and transparency in its decision-making processes.- The JCC was committed to working closely with Health Boards to ensure that commissioning decisions were aligned with the needs of the population and that there was a clear understanding of the impact of those decisions.• Specific Discussions<ul style="list-style-type: none">- The discussion with the Board included concerns about the equity of service provision, particularly in relation to services commissioned from NHS England. The JCC acknowledged the need for better data and benchmarking to ensure fair and equitable service provision.- The JCC also discussed the importance of clear communication and accountability in managing the expectations of clinicians and ensuring that commissioning decisions were transparent and well-understood. <p>Overall, the JCC discussion focused on the Committee's strategic objectives, challenges, and opportunities, emphasising the importance of transparency, collaboration, and accountability in commissioning services for the population of Wales.</p> <p>Several questions were put to the JCC during the discussion and included:</p> <p>Equity and Fairness: The EDF asked about ensuring equity in service provision, particularly in relation to services commissioned from NHS England. She emphasised the need for better data and benchmarking to ensure fair and equitable service provision.</p> <p>The Chief Commissioner of the JCC (CCJCC) responded and acknowledged the importance of equity and fairness in commissioning services. He mentioned that the JCC was working on ensuring transparency in data and decision-making processes and that they aimed to review the commissioning strategy to ensure services were commissioned fairly across Wales</p> <p>Budget Comparison: The CEO inquired about how the budget set aside for commissioning services in Wales compared with other devolved nations, questioning whether Wales under-spends on specialist services compared to England.</p> <p>The Chair of the JCC and CCJCC responded and discussed the need for clarity on how the budget for specialist services in Wales compared with other devolved nations. They acknowledged that historically, the budget had been incrementally increased without a comprehensive review.</p> <p>It was noted that the strategy development process would include gathering data to benchmark spending and ensure equitable allocation of resources</p> <p>Costing Models: The UHB Vice Chair asked whether the JCC's costing models took into consideration additional costs incurred by patients, such as rehabilitation, adverse events, and excess lengths of stay.</p> <p>The CCJCC responded noting that the current costing models may not fully account for additional costs such as rehabilitation and adverse events. He emphasised the need for a more comprehensive approach to understand the true cost of services and the impact on local Health Boards</p>
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	<p>Managing Clinician Expectations: The COO raised concerns about managing the expectations of clinicians who felt frustrated with the commissioning process. He asked how the JCC planned to address those frustrations and ensure clear communication and prioritisation of clinical projects.</p> <p>The CCJCC responded highlighting the importance of clear communication and prioritisation of clinical cases. He suggested establishing a structured process to ensure that the priorities of the Health Board were aligned with the JCC's commissioning decisions. This would involve better filtering and communication between the JCC and Health Boards</p> <p>Accountability to Patients: The IMTS questioned the JCC's accountability to patients and the need for clear communication and transparency in decision-making to ensure that patients understood why certain decisions were made.</p> <p>The JCC Chair emphasised the need for a culture of openness, transparency, and accountability within the JCC. He mentioned that the strategy development process would involve making clear decisions about service priorities and ensuring that those decisions were communicated effectively to both Health Boards and patients.</p> <p>Reducing Duplication and Variation: The EMD asked about the strategic objective of reducing duplication and variation in services, seeking to understand what had held back progress in that area and how the new JCC structure aimed to address these issues.</p> <p>The Transformation Director of the JCC (TDJCC) responded and explained that the strategic objective of reducing duplication and variation involved maximising resources within the JCC and collaborating with Health Boards to ensure sustainable service delivery. The strategy would focus on identifying areas where the JCC could add value and reduce unnecessary duplication.</p> <p>The CEO thanked the JCC for their attendance and noted the tone of the conversation had been really positive and noted that the Board did a lot of work around provider engagement.</p> <p>She welcomed the collaborative approach between the Health Board and the JCC</p> <p>The Board resolved that:</p> <p>a) The Joint Commissioning Committee Update was noted.</p>	
<p>UHB 25/05/6.10</p> <p>Saunders Nathan 27/07/2025 09:16:36</p>	<p>Integrated Performance Report</p> <p>The Integrated Performance Report was received.</p> <p><u>Population Health:</u></p> <p>The Executive Director of Public Health (EDPH) advised the Board she would take the paper as read and highlighted the key areas which included:</p> <ul style="list-style-type: none"> • COVID-19 Vaccination: <ul style="list-style-type: none"> - Spring booster campaign was ongoing, targeting the most vulnerable groups, including people over 75 and residents in care homes for older adults. - Focus on vaccinating care home residents first. • Childhood Vaccinations: <ul style="list-style-type: none"> - Data showed a 3.2% increase in vaccinations for children aged 4, reaching 83.3%, still lower than pre-pandemic levels but showing improvement. - Collaborative efforts with local councils won the Vaccination Saves Lives award for the best team in Wales. • Healthy Weight: 	

- A local plan was developed in line with the national Healthy Weight Healthy Wales plan, called "Good Food and Movement," involving 160 participants from 35 organizations.
- Research into barriers and facilitators to breastfeeding included in the Directory of Public Health report.
- Ongoing work with local councils on high fat, sugar, salt advertising, with agreements to remove such advertising from bus stops at UHW.

- **Diabetes:**

- A Diabetes Strategic Programme Board had been established and was currently in the forming stage, with a gap in program management support.
- A Deep dive on diabetes is planned for the Regional Partnership Board (RPB) in June 2025.

- **Tobacco:**

- 13% of the population are still smokers.
- Collaboration ongoing with local councils to enforce no smoking on hospital sites, with trained staff from the local authority enforcement team. 11
- Summary of smoking data prepared for primary care, encouraging people to quit smoking with support from smoking cessation officers.

Operational:

The Chief Operational Officer (COO) advised the Board he would take the paper as read and noted that the Finance & Performance Committee had received a detailed update at the meeting held one week prior.

Key headlines included:

- **Urgent and Emergency Care:**

- It was noted that attendance levels in April 2025 were similar to the previous year, but there were 170 fewer admissions via the Emergency Unit (EU), equating to about half a day's worth of beds.
- Post-Easter recovery was challenging, with an increase in ambulance handover times. However, there was a reduction in the number of patients spending over 12 hours in the EU.
- The winter wards closed four weeks earlier in the current year compared to last year

- **Delayed Pathways of Care:**

- The number of patients in acute settings who did not need to be there reduced from 185 in April 2024 to 150 in April 2025.
- 33% of patients stayed in hospital over 21 days, compared to an expected 20%. This indicated a need for better continuity of care and seven-day working.

- **Cancer Care:**

- The performance for March 2025 was 68.7%, with April 2025 expected to be slightly lower due to issues with pathology results.
- Specific issues were noted in the prostate pathway and complex endoscopy.

- **Planned Care:**

- The COO advised the Board that the goal was to have no patients waiting over 104 weeks by the end of June 2025, with a target of no patients waiting over two years by the end of March 2026.
- Additional financial support was provided for outsourcing and insourcing to achieve those targets.

- **Diagnostics:**

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- It was noted that the aim was to have zero patients waiting over eight weeks by the end of March 2026.
- A four-roomed mobile unit at Princess of Wales would be used to help achieve that target.

- **Mental Health:**

- Referrals remained high, but performance had improved in adults and had been maintained in children.

- **Primary and Community Care:**

- Escalation levels in GP practices were starting to come down.
- Year-to-date, 3 million appointments had been offered, and 18,000 district nursing visits were made in March 2025.

The Independent Member – Local Authority (IMLA) noted that the profile of patients who were medically fit for discharge and still in hospital beds primarily included older people who were waiting for social care packages. She highlighted that understanding that profile was important for addressing the issue of delayed discharges.

People & Culture:

The Executive Director of People & Culture (EDPC) advised the Board she would take the paper as read and would highlight key areas.

She thanked all the staff in her team for the support and work undertaken.

- **Sickness Absence and Staff Availability:**

- There was a focus on reducing sickness absence and improving staff availability.
- Business partners were working closely with clinical boards to support individual staff members and manage sickness levels.
- Significant differences in sickness levels observed in clinical boards, with targeted interventions in hotspots, particularly in mental health areas where sickness rates were between 11% and 16%.

- **Training and Policy Review:**

- The Board were advised that a review of training programs was underway to ensure clarity and confidence in policy implementation with efforts to simplify policies and provide better support to staff.

- **Overall Sickness Rate:**

- The overall sickness rate for the month was 5.34%, with an ambition to reduce it further.

The EDPC advised the Board that it was also time to look at refreshing the People & Culture Plan and noted that the team would be reengaging with stakeholders.

The IMTU expressed his concern at the staff sickness level and the poor uptake on the covid vaccination and asked if there were any improvements planned for 2025/26 uptake.

The EDPC responded that the People & Culture Team would be working with the Public Health Team around it.

The EDPH added that a lessons learnt assessment had just taken place and noted that whilst numbers of staff having the vaccination went down, the Health Board had fared well compared to others in Wales.

She added that the data for staff off sick with respiratory illness has now been included in the Integrated Performance Report.

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Quality:

The END advised the Board that he would take the paper as read and would highlight key issues which included:

- **Concerns & Enquiries:**

- More complaints had been received than closed during March and April 2025 with 388 being closed, with 74% closed within 30 working days, including Early Resolution. Additionally, 18% were closed within 2 days.
- The Health Board received 572 enquiries and 119 compliments, indicating active engagement with patients and stakeholders.
- There were currently 302 active concerns, with the top themes being clinical treatment and assessment, appointment issues, and communication.

- **Patient Feedback:**

- The Civica system surveyed up to 1000 patients daily, with a response rate of 16%. In April 2025, 14,326 texts were sent, resulting in 2,081 completions (15% response rate).
- 84% of respondents who were discharged during March and April 2025 rated the service between 8-10 on a scale of 0-10.

The END advised the Board that the Team would look at how the data on patient feedback could be compared across Wales.

- **Patient Safety:**

- Incidents Reported: In April 2025, 1,747 patient safety incidents were reported, with the majority being none or low harm. Falls and pressure damage remained the top reported incidents.
- Never Events: The cumulative number of Never Events was increasing, prompting initiatives such as the WHO checklist collaborative and education on NG tube management.

- **Infection Control:**

- It was noted that there was a zero tolerance on poor infection control processes and noted that a number of campaigns had been communicated across the organisation including the "Gloves Off" campaign.

Digital:

The Director of Digital & Health Intelligence (DDHI) advised the Board that he would take the report as read and summarise areas of importance which included:

- **The Digital Foundations programme business case:** it was noted that work was underway on the case and future activity would be reported to the Board when available.
- A Digital Summit had taken place where the Minister for Mental Health and Wellbeing, Sarah Murphy noted the re-launch of the NHS bilingual app and set out a 12-month roadmap for the app, including the ability for people to track their progress on an NHS waiting list; view hospital appointments, and a range of tools to help people to manage their health while waiting for surgery.
- **CAVUHB Wi-Fi Project:** it was noted that the project was a comprehensive initiative aimed at enhancing digital connectivity across all wards and departments. The project involved installing new infrastructure, including switches and fibre backbone, to provide high-speed internet in healthcare settings.

It was noted that the project had expanded to include additional areas related to Capital, Estate, and Facilities (CEF), such as catering, portering, and cleaning

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	<p>services. Regular communication with staff ensured that the Wi-Fi implementation aligned with operational requirements and enhanced the overall user experience.</p> <p>The IMICT asked the DDHI how confident he was in the rollout of Windows 11 being completed across the organisation before Windows 10 was no longer supported.</p> <p>He also asked how security would be upheld on devices that were not updated to Windows 11.</p> <p>The DDHI responded that the team were aiming to complete the rollout to Windows 11 by October 2025 whilst noting the logistical challenge of that and noted that the team had explored different avenues on securing devices rather than having to approach Microsoft to ask for an extension to provide cover.</p> <p>He added that older devices could be used differently to reduce the security risks which would be worked through before the October 2025 target.</p> <p>The CEO asked the DDHI to provide information the Welsh Government scrutiny committee that he had attended.</p> <p>The DDHI responded that the Senedd were keen to understand what was happening on the digital rollout for Ophthalmology in Wales given that the contract was left, and money had been spent as far back as 2021.</p> <p>He added that he had been asked to explain what it was that the Health Board were doing and why there had been delays.</p> <p>It was noted that part of the delay was due to the responsibility transferring from the Health Board to Digital Health Care Wales (DHCW) for a period which had since come back to the Health Board.</p> <p>The DDHI concluded that much of the scrutiny was held against DHCW and the overall digital infrastructure across Wales.</p> <p>The Board resolved that:</p> <p>a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes.</p>	
<p>UHB 25/05/6.13</p>	<p>Nurse Staffing Report</p> <p>The Nurse Staffing Report was received.</p> <p>The Executive Nurse Director (END) informed the Board that the Nurse Staffing Report was well integrated within the Organisation and reviewed bi-annually. The END highlighted Section 25A of the 2016 Act, which mandated Health Boards to have robust workforce plans, recruitment strategies, and processes to ensure appropriate nurse staffing levels.</p> <p>It was noted that sections 25B and 25C required calculating and maintaining nurse staffing levels in specific wards. Section 25E mandated an Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016.</p> <p>During the reporting period, the Health Board showed a strong commitment to the Act's principles, focusing on patient safety and quality of care through proper nurse staffing. Despite challenges in maintaining staffing levels, progress was made, evidenced by an increase in shifts with appropriate nurse staffing levels.</p> <p>The END concluded that a wide range of operational, strategic, and escalation measures had been implemented to mitigate risks when staffing levels fell below the established standard and included:</p>	

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	<ul style="list-style-type: none"> - Daily use of SafeCare - Effective escalation pathways through the nursing workforce hub - Adaptive rostering - Long-term solutions to ensure the ongoing availability of nurses. <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The annual assurance report as per the requirements of the Nurse Staffing Levels (Wales) Act 2016 was received. b) The nurse staffing establishments detailed in the appendix, undertaken as part of bi-annual recalculations was noted. c) The reasonable steps taken to monitor and maintain nurse staffing levels at a time of significant organisational pressure were noted. 	
UHB 25/05/6.12	<p>Ministerial Advisory Group - NHS in Wales Performance and Productivity report</p> <p>The Ministerial Advisory Group (MAG) - NHS in Wales Performance and Productivity report was received.</p> <p>The COO advised the Board that the paper provided an overview of the MAG on Performance and Productivity which had recently published its final report.</p> <p>He noted that the scope of the review included planned care, diagnostics, cancer and urgent and emergency care.</p> <p>The importance of adopting best practices to enhance service delivery and patient outcomes was emphasised with specific points including:</p> <ul style="list-style-type: none"> • Urgent Emergency Care: The discussion highlighted the need to meet the 45-minute ambulance handover target to reduce delays and improve patient flow. This target was crucial for ensuring timely care and minimising the time patients spent waiting for treatment. • Diagnostics: The importance of regular reviews of progress against MAG actions was stressed, ensuring that diagnostic services were efficient and met the required standards. This included reducing waiting times for diagnostic tests and improving the overall patient experience. • Planned Care: Adoption of best practices was mentioned as a key strategy to achieve targets, such as reducing the number of patients waiting over 104 weeks and ensuring no patients waited over two years by the end of March 2025. This involved implementing clinically signed-off pathways and optimising outpatient and treatment processes. <p>The COO advised the Board that in total there were 29 recommendations (34 individual actions) each with a timescale of between 3 and 12 months.</p> <p>He added that WG had accepted all of the recommendations – 23 in full, 11 in-part and noted that the Health Board had a responsibility for delivering 19 – 8 in full, 11 in-part.</p> <p>Additionally, the Board was advised that the Joint Executive Team (JET) meetings were a critical component of the strategy and that the meetings involved the Health Board Executives and WG representatives, focusing on detailed updates and progress reviews.</p> <p>It was noted that the JET meetings provided a platform for discussing the financial position, operational challenges, and strategic priorities, ensuring alignment with MAG recommendations and facilitating collaborative problem-solving.</p> <p>The MAG discussion underscored the need for continuous monitoring and evaluation of progress against MAG recommendations to ensure that the Health Board met its performance targets and provided high-quality care to patients.</p>	

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	<p>The UHB Chair asked for a quarterly update to be received by the Board on the MAG and to keep a close on Recommendation 8: <i>Cardiff and Vale University Health Board should be required to submit a clear plan detailing how it intended to clear its Non-Obstetric Ultrasound backlog over the course of 2025/26. Timescale – within 3 months.</i></p> <p>The Board resolved that:</p> <p>a) The contents of the paper, the MAG report, WG response and the accompany Power Point Presentation</p>	
UHB 25/05/7.1	<p>2025/26 Draft Capital Plan</p> <p>The 2025/26 Draft Capital Plan was received.</p> <p>The EDF advised the Board that the Draft Capital Plan should have been received alongside the Health Boards Annual Plan but noted it was running behind by a couple of months partly due to the confirmation of priorities but also because of the targeted estates investment fund (TEF) which required approvals.</p> <p>She noted that the plan focused on addressing key organisational risks, especially in infrastructure and operational estate, using newly approved targeted funding.</p> <p>The Board was advised that discretionary capital had increased to £17 million (from £11 million a few years ago), but this remained insufficient for the size of the estate, given demands for estates, infrastructure, medical equipment, and digital upgrades.</p> <p>The EDF noted that the plan was intentionally overcommitted, anticipating project slippage and allowing flexibility to complete priority projects as funds became available during the year.</p> <p>Additional projects were being prepared in case further funding was released, ensuring readiness to use any slippage funds on high-priority needs.</p> <p>The EDF advised the Board that the plan had been reviewed by the Capital Management Group (SMG), Strategic Leadership Team (SLB), and two Board Committees, and was recommended for approval.</p> <p>The EDPC thanked the EDF and noted that the Capital, Estates & Facilities (CEF) Team had worked well with the Health & Safety Team.</p> <p>The CEO asked for an update on Theatre infrastructure improvement opportunities, noting that several schemes had been identified—some included in the prioritisation for Welsh Government consideration. It was suggested the Board would benefit from an update on those schemes.</p> <p>The EDF responded that Welsh Government had confirmed that the top priorities for capital investment were the Hybrid Theatres, Bone Marrow Transplant JC accreditation, and ITU refurbishment, with strong support for those schemes.</p> <p>She added that those projects were critical to maintaining the Heath site's infrastructure until a long-term solution for UHW and UHL was developed.</p> <p>It was noted that immediate and emergency theatre works (mainly health and safety or remedial) were not included in the main capital plan but were being addressed through charitable funds, contingency, or direct discussions with Welsh Government, who were expected to provide support.</p> <p>The EDF concluded that there was ongoing work to create additional space and modernise theatre infrastructure, including exploring developments on public land and collaborating with University partners relocating nearby.</p>	

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	<p>The approach involved phased improvements, starting with two new theatres to enable closure and refurbishment of others, forming part of a broader strategy to ensure the Heath site's Theatres remained fit for purpose in the medium term.</p> <p>The COO added that whilst the Health Board were committed to productivity and efficiency requirements of the MAG, the way in which some of the Health Boards real estate was configured did not condition itself and so any opportunity to improve layout would be welcomed.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The content of the paper and in particular the prioritisation process undertaken was noted. b) The draft capital plan 2025/26 was supported. c) The plan, recognising that the reported overcommitment would be closely monitored and addressed by the Capital Management Group was approved. 	
UHB 25/05/7.2	<p>NHS Long Term Agreements (LTAs) and Financial Approach for 2025/26</p> <p>The NHS Long Term Agreements (LTAs) and Financial Approach for 2025/26 was received.</p> <p>The EDF advised the Board that the paper was received annually and outlined the Organisation's commitments as both a provider and commissioner of services, with the largest contracts involving the JCC.</p> <p>She added that Aneurin Bevan University Health Board also relied on the organisation for significant services.</p> <p>It was noted that the paper detailed contracts where the Organisation commissioned care for its patients, again with JCC as the largest.</p> <p>The EDF advised the Board that the financial value was substantial: £400 million as a provider and £250 million as a commissioner and noted that approval was sought for delegated authority to the CEO and herself for signing agreements, provided they remained within the outlined details.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The current Long-Term Agreements and their indicative baseline values for 2025/26 were noted. b) Delegated Board authority for the LTAs to be agreed and signed by the Chief Executive was approved. c) Delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion was approved. d) The LTA financial performance as both provider and commissioner would feature as part of reports into the Finance & Performance Committee. 	
UHB 25/05/7.3	<p>Theatre Service Review Update</p> <p>The Theatre Service Review Update was received.</p> <p>The COO advised the Board that the review, published earlier that month, identified significant concerns and issues within the theatre services, which were now in the public domain and had caused anxiety among stakeholders, patients, Welsh Government, and families.</p> <p>Both the Chief Executive and Chair formally apologised for the distress and accepted responsibility, acknowledging the negative impact on the Health Board's reputation.</p>	

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	<p>The review process involved triangulating data, patient and staff feedback, and acting on concerns raised, demonstrating a commitment to addressing issues proactively rather than ignoring them.</p> <p>The findings were described as uncomfortable but necessary, providing an opportunity to address problems in a diligent, systematic, and purposeful way.</p> <p>The organisation emphasised the importance of psychological safety, encouraging staff to speak up without fear of retribution, and highlighted ongoing work to improve culture, staff engagement, and quality of care.</p> <p>The review's outcomes were being used to drive improvements, with a focus on co-production with teams, creating safe spaces for dialogue, and ensuring high-quality, safe, and dignified patient care.</p> <p>Further detailed updates and action plans were to be provided in subsequent meetings, with a commitment to transparency and learning from the review.</p> <p>The Board committed to further detailed reviews and updates, with ongoing work to implement action plans and ensure compliance with safety processes, such as the World Health Organisation (WHO) surgical safety checklist.</p> <p>It was noted that there was a specific focus on compliance with essential safety checklists and processes, with clear expectations set for reliable and consistent use, and swift action for any deviations.</p> <p>Co-production was highlighted as an important part of the response to the Theatre Service Review, with emphasis on working collaboratively with teams to improve culture and quality.</p> <p>The COO advised the Board that there was a need to create safe dialogue spaces, enabling staff to bring their own agendas, lead discussions, and seek support for implementation and the approach aimed to foster psychological safety, so staff felt able to speak up without fear of retribution, ensuring concerns were addressed and improvements were co-produced with those delivering care.</p> <p>The IMTS advised the Board that the COO brought cultural hotspots to the private People & Culture Committee meetings which would be helpful to mitigate any future risks.</p> <p>The UHB Chair noted that the Board were not shy of taking on challenges and thanked everybody involved in the Theatre Service Review.</p> <p>He reiterated that a more defined action plan would be received by the Board at the June Board Development session with a detailed plan to be provided to the Board by the end of July 2025.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> The contents of the report, the comprehensive service review and the draft improvement plan was noted. 	
<p>UHB 25/05/7.4</p> <p>Saunders Nathan 27/07/2025 09:16:36</p>	<p>Annual CHC Uplift Paper</p> <p>The Annual CHC Uplift Paper was received.</p> <p>The EDF advised the Board that she would take the paper as read and would provide a short summary.</p> <p>It was noted that the Finance and Performance Committee had reviewed the annual uplift for CHC, and it was highlighted alongside the draft capital plan as a key item for approval.</p>	

	<p>The IMF as Chair of the F&P Committee highlighted that the Finance & Performance Committee confirmed that the annual uplift for CHC had been considered and was ready for Board approval.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The 2025/26 annual uplift that should be offered to care providers at 6.4%, noting this was within the growth provisions of the current financial plan was approved. b) Joint packages of care may vary from this in line with Local Authority increases already offered, to be risk managed against growth provisions. c) The risk that providers may not accept the new rates and/or that negotiation by exception may be required subject to market forces, benchmarking and VFM tests 	
UHB 25/05/7.5	<p>Microsoft Enterprise Agreement</p> <p>The Microsoft Enterprise Agreement was received.</p> <p>The DDHI advised the Board that three years ago, an All Wales contract was established with Microsoft to cover licensing for products like Outlook, Word, Teams, etc.</p> <p>The contract included an option to extend for two more years.</p> <p>NHS Wales organisations had collectively decided (pending Board approval) to extend the license for one year, aiming to negotiate a better long-term deal with Microsoft.</p> <p>The DDHI advised the Board that the Organisation had limited options, as those Microsoft products were essential for operations and must be properly licensed.</p> <p>The request was to approve the fourth-year extension, with an expected cost just under £4 million for year four, representing a cost pressure of about £300,000.</p> <p>It was noted that the increased cost was due to more licenses being procured (to ensure everyone could use email), loss of some discounts from the original contract, and additional ad hoc licenses (such as CoPilot) that must be funded separately.</p> <p>The DDHI concluded that the extension allowed Digital Health Care Wales (DHCW), on behalf of all NHS Wales organisations, to negotiate a better long-term agreement with Microsoft.</p> <p>The IMCE noted that fixed term contracts would have fixed term prices and option pricing and asked if the Health Board had that understanding when signing up for the three years.</p> <p>The DDHI responded that the Health Board knew what the costs would be but had not anticipated the number of licenses increasing.</p> <p>Independent Member, Rachna Upadhyia (RA) asked when the update from DHCW would be received and asked if there would be an increase in price in the following years.</p> <p>The DDHI responded that work was underway with DHCW and noted there was a 12-month timeline to negotiate a better deal for Wales and that by the end of June 2026, a new contract with better terms for the future should be available to agree.</p> <p>The EMD noted that there was not a lot of leverage and asked why the Health Board had settled for a 1-year deal.</p> <p>The DDHI responded that DHCW had contracted a third party to help negotiate a better deal.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The fourth year of the M365 Enterprise Agreement relating to Cardiff and Vale University Health Board's licencing requirements was noted and approved. 	

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UHB 25/05/8.1	Corporate Risk Register The Corporate Risk Register was received. The Board resolved that: a) The Corporate Risk Register was noted .	
UHB 25/05/8.2	Cardiff and Vale UHB Draft Annual Report 2024-25 The Cardiff and Vale UHB Draft Annual Report 2024-25 was received. The Board resolved that: a) The Annual Report & Accounts for 2024-2025 was noted.	
UHB 25/05/8.3	Reports from Advisory Groups and Joint Committees The Reports from Advisory Groups and Joint Committees were received. The Board resolved that: a) The Reports from Advisory Groups and Joint Committees were noted .	
UHB 25/05/8.4	Committee, Advisory Group and Joint Committee Minutes: The Committee, Advisory Group and Joint Committee Minutes were received. The Board resolved that: a) The Committee, Advisory Group and Joint Committee Minutes were noted .	
UHB 25/05/10.1	Any Other Business The IMTU wanted to thank everybody who had supported him whilst undertaking the Ten-Y-Fan challenge. He added that he had raised £2335 and noted that over £6500 had been in raised in total between the Health Charity Team.	
	Time & Date of the next Meeting: 25 June 2025 (Special Board) via MS Teams	

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Cardiff and Vale University Health Board

Special Board Meeting

Wednesday 25.06.2025

Via MS Teams

Please click to view the meeting: [Cardiff & Vale University Health Board - Special Board Meeting 25.06.2025](#)

Chair:		
Charles Janczewski	CJ	Chair of the Cardiff and Vale UHB
Present:		
Claire Beynon	CB	Executive Director of Public Health
Emma Cooke	EC	Executive Director of Therapies & Health Sciences
Clive Curtis	CC	Independent Member - Community
David Fluck	DF	Executive Medical Director
Rachel Freitag	RF	Audit Manager – Audit Wales
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member - Trade Union
Helen Lawrence	HL	Assistant Director of Finance – Chief Financial Accountant.
Robert Mahoney	RM	Operational Deputy Director of Finance
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	UHB Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Steve Riley	SR	Independent Member – University
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Intelligence
Francesca Thomas	FT	Head of Corporate Governance
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member for Finance
Rachna Upadhya	RU	Independent Member
Ian Virgil	IV	Head of Internal Audit
Adam Wright	AW	Director of Planning & Performance
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
David Edwards	DE	Independent Member - ICT and Committee Vice Chair
Susan Lloyd-Selby	SL	Independent Member – Local Authority
Suzanne Rankin	SR	Chief Executive Officer
Lani Tucker	LT	Chair – Stakeholder Reference Group

UHWS
25/06/001

Welcome & Introductions

The University Health Board Chair (UHB Chair) welcomed everybody to the meeting in English and in Welsh.

UHWS 25/06/002	Apologies for Absence Apologies for Absence were noted.	
UHWS 25/06/003	Declarations of Interest No declarations were noted.	
UHWS 25/06/004	<p><u>The Head of Internal Audit Opinion & Annual Report for 2024-25</u></p> <p>The Head of Internal Audit Opinion & Annual Report for 2024-25 was received.</p> <p>The Head of Internal Audit (HIA) presented the final version of the HIA opinion, confirming that the Health Board could take reasonable assurance over arrangements in place for managing governance, risk management, and internal control.</p> <p>He highlighted that five of the six audits in progress during the draft opinion had been completed, with the final one to be included in next year's opinion.</p> <p>It was noted that the outcomes of the 29 audits completed to at least the draft stage were: 3 substantial assurance, 16 reasonable assurance, 5 limited assurance, and 5 advisory. This supported the overall reasonable assurance rating for the Health Board.</p> <p>The HIA advised the Board that the overall opinion and summary of outcomes, with a focus on the limited assurances, had been included in the Health Board's annual report as part of the annual governance statement.</p> <p>He concluded by advising the Board that the opinion report had been reviewed and endorsed by a special meeting of the Audit Committee, which recommended it for Board approval.</p> <p>The UHB Chair invited the Chair of the Audit & Assurance Committee (The Independent Member – Capital & Estates IMCE) to confirm that the Audit & Assurance Committee had received the Head of Internal Audit Opinion & Annual Report for 2024-25.</p> <p>The IMCE confirmed that it had and was recommended to the Board for approval.</p> <p>She added that a number of items within the report had been discussed and would be received by the Committee at a future date.</p> <p>The Board resolved that:</p> <p>a) The Head of Internal Audit Opinion and Annual Report for 2024/25 was considered and ratified.</p>	
UHWS 25/06/005	<p><u>Introduction to Annual Report and Accounts 2024-25:</u></p> <p>The Introduction to Annual Report and Accounts 2024-25 was received.</p> <p>The Deputy Director of Finance (DDF) advised the Board that the time scales for preparing the accounts had been constricted for the year and had</p>	

returned to pre-COVID time frames meaning that there was less time to prepare the accounts and for Audit Wales to audit them, requiring the teams to work harder to meet the deadlines.

He thanked the Assistant Director of Finance (ADF) and their team for all of the hard work in getting the accounts completed and ready for Audit Wales.

The ADF introduced the final annual report for the Board's endorsement and approval, which included the performance report, accountability report, annual accounts, and associated papers.

It was noted that the draft annual accounts were completed and submitted to Welsh Government (WG) and Audit Wales by the deadline and that Audit Wales had scrutinised the annual accounts, identifying minimal changes.

She advised the Board that Audit Wales intended to issue an unqualified, true, and fair opinion on the financial statements but a qualified regularity opinion due to the Health Board breaching its resource limit for the period 2223 to 2425.

It was noted that assurance on the accuracy of the annual report and accounts was provided by various sources, including Audit Wales, the head of internal audit, and the Audit and Assurance Committee.

The ADF noted that the Health Board had not met its statutory financial duties in respect of revenue expenditure due to a forecast deficit and the absence of an approved integrated medium-term plan and that the Health Board delivered a deficit of £27.6 million, failing to meet its revenue financial duties.

She added that the Health Board met its financial duty for capital expenditure, delivering within the capital resource limit.
The Audit and Assurance Committee recommended the board approve the annual report and accounts.

The Audit Manager for Audit Wales (AMAW) extended their thanks to the Health Boards finance Team and the Director of Corporate Governance's Team for the support in completing the annual report and accounts.

She advised the Board that the audit work was fully completed, and they were ready to provide their opinion pending board approval and receipt of the signed letter of representation.

It was noted that Audit Wales intended to provide an unqualified, true, and fair opinion on the accounts but a qualified regularity opinion due to the Health Board breaching its revenue resource limit over the three-year period.

The AMAW advised the Board that the Auditor General would certify the accounts by lunchtime on Friday 27.06.2025, after which they would be submitted to WG.

She discussed two areas of focus during the audit: interim Director appointments and the transfer of Ledger data to the cloud, noting that no significant issues were found in those areas.

Saunders Nathan
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	<p>She also mentioned the reclassification of a risk which related to capital expenditure recognition, which required additional testing but did not reveal any issues.</p> <p>The UHB Chair thanked the AMAW for the approach taken with the wider organisation.</p> <p>The Executive Director of People & Culture (EDPC) acknowledged the circular mentioned on interim Director appointments and confirmed that the team had noted the actions required for future appointments.</p> <p>The UHB Chair invited the IMCE to confirm that the Audit & Assurance Committee had received the information at the special meeting held.</p> <p>The IMCE confirmed that they had, and it was endorsed to Board for approval.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The reported financial performance contained within the Annual Report and Accounts were noted it was noted that the UHB had: <ul style="list-style-type: none"> - not met its statutory financial duties in respect of revenue expenditure. - met its statutory financial duties in respect of capital expenditure b) The response to the audit enquiries of those charged with governance and management was agreed and endorsed c) The Head of Internal Audit Opinion and Annual Report for 2024/25 was agreed and endorsed. d) The Audit Wales ISA 260 Report for 2024/25 which included the letter of representation was agreed and endorsed. e) The Annual Report and Accounts for 2024/25 were approved. 	
<p>UHWS 25/06/006</p>	<p><u>The CVUHB Annual Report 2023-2024 including the Annual Accountability Report, Performance report and the Financial Statements</u></p> <p>The CVUHB Annual Report 2023-2024 including the Annual Accountability Report, Performance report and the Financial Statements were received.</p> <p>The Director of Corporate Governance (DCG) advised the Board that the structure of the report included a profile of the organisation, performance report, accountability report, remuneration and staff report, accountability and audit report, and the audited financial statement.</p> <p>He expressed his gratitude to the Head of Corporate Governance (HCG) and the team for leading the work, as well as to all corners of the organisation for contributing the necessary information.</p> <p>He also thanked Audit Wales for their collaboration and smooth audit process.</p>	

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	<p>The Board was advised that there were some minor editorial changes needed before the final version was submitted for certification and laying before the Senedd.</p> <p>It was also noted that in the absence of the Chief Executive Officer (CEO), the Executive Medical Director (EMD) would be signing on behalf of the CEO in the relevant sections.</p> <p>The DCG concluded that the annual report would be presented at the Health Boards Annual General Meeting (AGM) on Wednesday, 16th July at 10am.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Annual Report & Accounts for 2024-2025 - Appendix 1 for onward submission to Welsh Government pending the two minor amendments identified in the report as approved. b) The Chair, Executive Director of Finance and Executive Medical Director were authorised to sign (electronic signatures would be applied) the relevant sections of the Annual Report & Accounts c) The formal presentation would be at the Annual General Meeting on the 16 July 2025 as published on CAVUHB website was noted 	
UHWS 25/06/007	The UHB Chair thanked everybody involved with the Annual Report for their support and dedicated work.	
	<p>Date & Time of next Board Meeting: 31 July 2025 – 09:30 Woodland House – Room: Coed Y Bwl</p>	

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ACTION LOG
Public Board Meeting
31 July 2025

MINUTE REF	SUBJECT	AGREED ACTION	DATE DUE	LEAD	STATUS / COMMENT
Actions					
UHW 25/03/012	Digital Foundations	Digital Foundations piece to be developed and received by the Board later in the year.	25.09.2025	David Thomas	COMPLETE On Forward Plan for September's Board Meeting.
UHW 25/05/014	Ministerial Advisory Group Report	Board to receive regular updates	25.09.2025	Paul Bostock	COMPLETE On Forward Plan for meetings (September, January, & May)
UHW 25/05/018	Theatre Service Review Update	Board to receive detailed action plan by July 2025	31.07.2025	Paul Bostock	COMPLETE On Forward Plan for July meeting
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHW 25/05/018	Theatre Service Review Update	Board Development to receive a defined action plan by July 2025	26.06.2025	Paul Bostock	COMPLETE On Forward Plan for July meeting (via Integrated Performance Report)
UHW 25/03/012	Integrated Performance Report (IPR) - Quality	Preventable Future Deaths (PFDs) to be received by the Quality Committee	24.06.2025	Jason Roberts	COMPLETE Received by the Quality Committee on 24.06.2025

UHW 25/03/012	Integrated Performance Report (IPR) - Operational	Board Development to receive a detailed update on planned care	26.06.2025	Paul Bostock	COMPLETE On agenda for Board Development 26.06.2025
UHW 25/05/013	Integrated Performance Report: Population Health	Board Development to receive a deep dive on diabetes	28.08.2025	Claire Beynon	COMPLETE On the Forward Plan for Board Development in August

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Report Title:	Chair’s Report to Board				Agenda Item no.	6.2	
Meeting:	Public Board	Public	X	Meeting Date:	31 July 2025		
		Private					
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information		X
Lead Executive Title:	Chair of the Board						
Report Author (Title):	Head of Corporate Governance						

Main Report
Background and current situation:

1. SITUATION/BACKGROUND

This report aims to provide an update to the Board on relevant matters in my capacity as Chair of the Health Board, where I highlight key areas of activity including Board business and topical areas of interest.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 Board and Committee Membership

A. As my tenure draws to a close, I am delighted to congratulate on behalf of the Board, Kirsty Williams who has been appointed as the new Chair for Cardiff & Vale University Health Board as confirmed by the Cabinet Secretary following a Senedd scrutiny session on 3rd July 2025. Kirsty is currently Vice Chair at Powys Teaching Health Board and will commence her new role from 1 October 2025. I am delighted to welcome Kirsty to the Board as my successor who brings a wealth of experience from her time as Vice Chair at Powys Teaching Health Board and, her distinguished career in public service and her passion for improving healthcare outcomes which makes her an exceptional choice to lead our organisation into its next chapter.

B. The Board would like to join me in congratulating Sara Moseley, Independent Member for Third (Voluntary) Sector at Cardiff and Vale University Health Board, who has been appointed into the role of Chair of Velindre University NHS Trust. Sara has been a valuable member of the Board during her time in the Health Board and I wish her every success in her new role. Sara will take up the new role from 1 September 2025 and I would like to express my thanks to Sara for all of her hard work and commitment to the Board over the last 8 years.

C. I am delighted to welcome Clive Curtis our new Independent Member for Community who joins us for his first Board meeting. Clive will be supporting the Quality, Safety & Experience Committee, Mental Health Committee and People & Culture Committee. It is great to have Clive as a member of the Board and his experience across governance, operational management, health & social care and the third sector will be extremely valuable for the Board.

D. As part of the Welsh Government Aspiring Board Members Programme, I am delighted to announce that Vina Patel has joined the programme for a 12-month period. This is a great opportunity for Vina to work with the Board and share her experiences and we are delighted to have her join the Board as an aspiring Board Member.

2.2 Board Development Session – 26 June 2025

During the Board Development session, the following items were discussed:

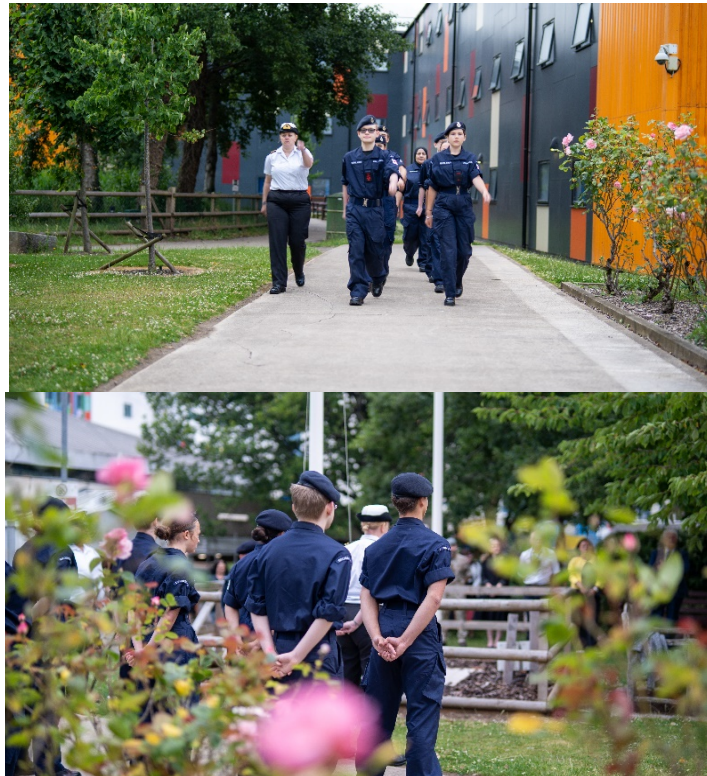
1. Leadership Listening Walkaround – update and discussion around the model for Patient Safety Walks
2. Planned Care Insourcing - discussion
3. Annual Plan - Welsh Government response discussion
4. Integrated Performance Report - Full review of performance
5. Theatres – service review update.
6. Board Development session - considered the roles and relationships of Executive and Independent Members as part of the development programme for Board members.

2.3- Spotlight story

Raising the flag for Armed Forces Week 2025



I was delighted to join the Minister for Mental Health and Wellbeing, Sarah Murphy MS and members of the Armed Forces Community within the Health Board to attend a flag raising ceremony on Monday 23 June. It was a great celebration to commemorate the beginning of Armed Forces Week and recognise the contributions, both past and present, of those who have served in the British Armed Forces. Cardiff and Vale University Health Board is committed to meeting the needs of the armed forces community and are proudly part of the [Armed Forces Covenant](#). It was a great event and I was delighted to be joined by the Director of Corporate Governance Matt Phillips, in his capacity as Armed Forces Executive Champion and Armed Forces Lead Maisy Provan.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 - Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting

The common seal of the Health Board has been applied to **1** document since the last Board as listed below;

Seal No.	Description of documents	Background Information
1119	Land Registry Easement between CAV & Wales and West Utilities	Land at north side of Llantrisant Road

The following Legal Document is reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
05.06.25	Short deed and Site plan both relating to an easement for Wales and West Utilities	Easement across a 4.5-meter strip of Land on the north side of Llantrisant Road, Cardiff (Rhydlafer Road)

There have been no Chairs Actions taken on behalf of the Health Board since the last Board meeting.

Recommendation:

The Board is requested to:

- NOTE** the report.
- APPROVE** the Chair's Actions undertaken.
- APPROVE** the application of the Health Board Seal and completion of the Agreements detailed within this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 Putting People First Click the objective above to view more detail.		 Providing Outstanding Quality Click the objective above to view more detail.	
 Delivering in the Right Places Click the objective above to view more detail.		 Acting for the Future Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Pr ev en tio n		Long term		Integration		Collaboration	X	Involvement	
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Report Title:	Chief Executive's Report to Board			Agenda Item no.	6.3
Meeting:	Public Board	Public	x	Meeting Date:	31 July 2025
		Private			
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Governance				

Main Report

EXECUTIVE SUMMARY

Board colleagues will be aware that the Health Board (HB) was notified by Welsh Government on the 15 July 2025 of an expansion of the current Targeted Intervention escalation status such that the status now applies to all domains including finance, strategy, planning, performance, quality, financial pressures, culture and operational service issues. This is extremely disappointing and I acknowledge the status and the factors contributing to it which clearly include the failure to meet statutory duties in relation to achieving the required financial position. The inability to submit a balanced annual plan for FY 25.26. Failure to meet trajectories set for planned care despite more intervention being delivered than ever, continuing challenges with diagnostic waits albeit the position is improving and the recent Comprehensive Service Review into the Operating Department at the University Hospital Wales (UHW). These factors are genuine and legitimate cause for concern, rapid improvement and focus but the expansion of the escalation status does not tell the whole story and I wish Board colleagues, wider colleagues, patients and the public to know that we have many examples of strong delivery, exceptional care, fantastic colleagues and areas of performance where Cardiff and Vale UHB leads in Wales. I share this broader perspective not with hubris, but with humility, recognising where we have failed to meet the required standard and committed to improvement but with an eye to balance and the morale and motivation of colleagues without whom so much good could not be achieved for and on behalf of those we serve. I will come back to the escalation status later in my report but felt it was important to acknowledge here at the start.

When operating under such challenge it is right that the Board spends a substantial amount of time focusing on the many issues and difficulties and on where delivery or performance has not met with collective expectation, as we will no doubt do during the course of this meeting. But it is also appropriate for the Board to be aware of the good work undertaken across the HB. This work has value which we must recognise and celebrate with the same rigor that we consider the challenges and issues.

This is not a “soft” focus since there is substantial evidence, for example the work of Professor Michael West, that if we wish to deliver high quality compassionate services, we must recognise the importance of compassionate leadership and create a culture where colleagues feel valued, supported and empowered. It is also important that we highlight the importance of trust, understanding and collaboration across the system and pay attention to work underway in the partnership space to nurture and sustain relationships to ensure the best quality services are being provided to all.

To that end my report will focus on the much and the many we have to celebrate whilst not losing sight of the very many areas where improvement and effective delivery must be achieved.

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SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

At the time of drafting this report, celebrations are underway for the Birthday of the NHS which is 77 years old this year. When it was founded in 1948 in Wales by Aneurin Bevan, the NHS was the first universal health system to be available to all, free at the point of delivery. Since then, the NHS has innovated and adapted to meet the needs of each successive generation, always putting patients at the heart of everything it does.

The driving force behind the success of the NHS across the UK, and indeed closer to home within CAVUHB, has been the commitment, dedication and excellence displayed by colleagues and friends since its inception and I hope that you will join me in celebrating the successes and achievements of our NHS and colleagues.

In addition, we have received the fantastic news that a number of colleagues have been awarded in the King's Birthday Honours List 2025. There have been some truly incredible achievements and I am delighted for those receiving the public recognition they deserve, given their outstanding contribution to their teams and the people and communities they support across Cardiff and the Vale of Glamorgan.

Putting People First

Celebrating Colleagues

I wish to congratulate four colleagues, past and present, who will be receiving an Honour:

Professor Meriel Jenney, Paediatric Oncologist and former Executive Medical Director for the Health Board, has been awarded a CBE for services to cancer treatment and to research in children and young people.

Dr Roger Lloyd Morris, retired GP Partner at Llan Healthcare (Llanrumney and Llanedeyrn), has been awarded an MBE for his exceptional service to healthcare, the community and charity.

Dr Ian Bowler, Consultant Anaesthetist, has also been awarded an MBE for his contributions to national pre-hospital emergency medicine through Medserve Wales.

Tara Rees, Advanced Nurse Practitioner, has been awarded a BEM for her outstanding services to nursing. Tara has dedicated her career to creating new services for those with specialist needs and was named RCN Wales Nurse of the Year Award in 2023 for her work to make a real difference to underrepresented patients.

We are invited regularly to make nominations through the Honours system, and I encourage all to consider putting nominations forward for those whose outstanding contribution should not go unnoticed. Nominations are now open for the Kings News Years Honours and further information is available on the Corporate Governance Sharepoint page [here](#) .

Volunteers Week

I recently had the opportunity to meet with and celebrate the work of the HB's many wonderful volunteers during Volunteers Week. I was also delighted to be joined by Helena Robertson Reid, Voluntary Services Manager, as a guest speaker for Ask Suzanne, who shared examples of the great work that volunteers do right across the HB. Volunteers give their own time, experience, and compassion to improve the quality and experience of those in our care, their loved ones, and colleagues. I salute them all and know how lucky we are to have their continued support.

Providing Outstanding Quality

Fast Track Cymru

The Public Health Team have been undertaking some great collaboration work as a region involved with [Fast Track Cymru](#). Fast Track Cymru is a Welsh Government initiative involving cities across Wales working collectively to reach the UNAIDS targets in all Welsh cities, towns and seven local Health Boards. The Team are planning a campaign with Fast Track Cymru focused on HIV stigma – a localised version of an anti-stigma campaign which will include some patient stories around experiences of being tested, treated and living with HIV. This will include social media and outdoor advertising throughout Cardiff and the Vale with the aim of normalising conversations around HIV and encouraging people who may be at risk to get tested.

Leadership Listening Walkarounds

The Board has undertaken a review of the approach to Board Walkarounds which aim to enable visible leadership, Ward to Board communication and understanding as well as sense checking culture, environments, patient and team wellbeing as well as promoting continuous improvement. The model, based on the work of the internationally recognised Institute for Healthcare Improvement is well established and creates the framework for adaptation and alignment as context changes. A refreshed approach has been endorsed following discussion at Board development in June. The new model will align to a four-part programme called Leaders who Listen (see attached slide deck) which will include Executive and Independent Members of the Board undertaking monthly walkarounds in clinical and non-clinical areas, Clinical Board Listening Walkarounds, Leading the Direction peer reviews and Leadership in Action self-assessments.

I am grateful to the Board for supporting this work and look forward to participating and sharing the insights of our listening alongside the opportunities for improvement.

Delivering in the Right Places

Electronic Prescribing and Medicines Administration (ePMA)

I am delighted to share that the Electronic Prescribing and Medicines Administration (ePMA) system has now begun deployment across the HB. This digital platform aims to make the prescribing, dispensing and administration of medicines easier, safer, more efficient and effective, for both patients and clinicians. Colleagues will be using this new technology as part of their day to day work and this fantastic development will also provide improved data availability and reporting tools for improved patient care assessment, evaluation and learning. The roll out will continue through 2025-26 as explained by Dr Mark Wardle who joined the July Ask Suzanne session, giving a comprehensive update on the deployment and the support available to colleagues to up-skill their digital capabilities through E-learning and User Guide videos which can be accessed on the [ePMA sharepoint](#).

Waiting Well Support Service

It was great to shine the spotlight in my June Ask Suzanne session on the establishment of the Waiting Well Support service. The service offers support and advice to people who are preparing for surgery and the team encourage and help patients to take an active part in planning and preparing for surgery which can help to:

- Help patients feel more in control.
- Avoid delays or cancellations to surgery.

- Reduce the time spent in hospital.
 - Allow patients to return to normal more quickly.
 - Ensure other health conditions are well managed by making changes to lifestyle.
- The team are looking to expand the areas of surgery which are supported in this way and further information is available on the team [website](#).

Ophthalmology

Work continues to ensure the HB is creating capacity and making the best use of resources and providing care in the right places to meet patient's needs. To this end The Local Anesthetic Cataract Operating Team has now moved from UHW to University Llandough (UHL) with the last day of operating in UHW site on the 27 June 2025 and the first list taking place at UHL on the 3 July.

Partnership Working

When a system is challenged, as ours is, one of the things that can suffer is the quality of time put into partnership working which is of course is critical for success and effective future working. Partnership working is not only part of the statutory responsibilities of the HB but also underpins the strategic objective to Deliver Care in the Right Places. By working with partners we can build care models that are in fit for purpose facilities, are appropriately co-located making best use of resources and positioned to best meet the needs of the communities intended to benefit.

Partnership Asset Management Board

The Partnership Asset Management Board has been established under the Chair of the Deputy Chief Executive and Director of Social Care for Cardiff Council to create a partnership collaboration and planning fora. I attend the group along with a number of HB Executive and Director colleagues. The Board aims to coordinate regional partnership capital pipelines and opportunities working to a One Public Estate agenda. This supports all involved to use existing estate effectively and to plan for new and refurbished estate in a joined up and mutually reinforcing way.

I joined the Regional Partnership Board (RPB) development session on the 2 July with colleagues from across the system. The RPB's development session was facilitated by Professor Michael West considering compassionate leadership in a partnership context. Partners from across health, local authorities, housing, Llais and the third sector were in attendance for the session where we were encouraged to deepen relationships and clarify our shared priorities, moving from a transactional relationship to one of transformation. A follow-up conversation is being planned for September where we hope to agree a way forward that evolves our partnership into a space that encourages greater challenge and ambitious planning.

It was also beneficial to join my colleagues in a conversation with Cardiff Council peers earlier in July. It was helpful to explore shared challenges and collaborative opportunities in an informal discussion. We agreed a number of actions and will be meeting again in the Autumn to review progress and next steps. I will look to arrange a similar opportunity with our partners at Vale of Glamorgan Council in the near future.

Acting for the Future

Gloves Off campaign wins NHS Wales Sustainability Award

The team driving a campaign to eliminate unnecessary glove use across the HB and beyond has received national recognition. On Friday 20 June, members of the Critical Care and Shaping Change teams received an NHS Wales Sustainability Award at a ceremony held at the Swansea Arena.

Solar Installation at UHW

Following the installation of solar panels at University Hospital Llandough, the HB is now

undertaking a strategic program, Refit, to reduce energy usage, carbon emissions and cost and supports the Welsh Governments Decarbonisation strategy.

One of the key projects under Refit involves the installation of a solar photovoltaic (PV) system on the roof of the multi-story car park at the UHW. This installation will deliver significant benefits, including:

- Reduced carbon emissions.
- Lower energy costs.
- Enhanced environmental sustainability.

This initiative represents the largest and most complex solar PV project undertaken by the HB and will play a significant role in improving sustainability and environmental performance. The work does create a temporary reduction in car park spaces which has, understandably, created challenges for colleagues wishing to park in the multi-storey car park. The work is being undertaken during the Summer months which is the least worst time to do it but I recognise the impact that has resulted. Mitigations are in place and alternative travel options, such as the Park and Ride are being promoted. I will continue to monitor the impact and seek to resolve issues as they arise but I do ask colleagues to bear with us whilst this important and ultimately beneficial work is done.

Sustainability Idea Board

Launched by Arjun Padmathy, the HB Environmental Sustainability Improvement Manager, the Sustainability Idea Board is a platform to capture and showcase the diverse range of sustainability projects that are completed, in progress, or in the ideation phase across the HB and further information is available for colleagues [here](#).

I encourage colleagues to engage with this initiative and share their ideas to support reducing the health board's carbon footprint and improve financial sustainability and to support with healthy living.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Financial Position

The HB continues to face significant financial challenges. As part of the monitoring of the financial position I attended a meeting with the Cabinet Secretary and the Vice Chair this month where it was reiterated the requirement remains to at least improve the position to the financial outturn of 24-25. We have corresponded with the Cabinet Secretary and DG/CEO NHS Wales to provide assurance on the delivery of the current forecast deficit of £56.2M at year end (ie no deterioration) and will correspond further to describe the scope of work that can be achieved to improve the year end forecast and we are working on that.

A more detailed update on the finance position will be provided to the Board later in the meeting by the Executive Director of Finance.

Cardiff and Vale University Health Board Updated Escalation Status

I have already described the expansion of the HBs existing escalation status at Targeted Intervention to cover all domains.

It is important at this juncture to both formally escalate this position to the Board and to acknowledge the status and factors contributing to it. I can assure the Board that I together with the Executive Team are firmly committed and working in a purposeful and focused way to address this challenge, the issues leading to it and recover the position such that we can meet the criteria for de-escalation,

the detail of which is awaited from WG. We will seek all opportunities to work with colleagues and partners across the system to make the improvements required to deescalate and an established improvement trajectory.

Appendices:

1)Leaders who Listen Slide deck

Recommendation:

The Board are requested to:

NOTE the Strategic Overview and Key Executive Activity to provide assurance described in this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

 Putting People First Click the objective to view more detail	 Providing Outstanding Quality Click the objective to view more detail
 Delivering in the Right Places Click the objective to view more detail	 Acting for the Future Click the objective to view more detail

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:
Committee/Group/Exec Date:

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LEADERS WHO LISTEN

Engaging. Listening.
Improving.



Leadership Listening Walkrounds



Clinical Board Listening
Walkrounds



Leading the Direction



Leadership in Action

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27/07/2025 09:16:36



Executive and Independent Members of the Board to undertake monthly walkrounds across clinical and non-clinical areas. The focus of the Leadership Listening Walkrounds is to hear from staff about their experiences and their successes and challenges and to provide an opportunity for colleagues to share ideas good practice that could be spread across the organisation



This engagement and assurance framework will include the introduction of a Clinical Board Listening Walkround. This will support a strategic approach to clinical board engagement with their services; to hear from staff about their experiences and to view the services through the eyes of the patient or service user and their visitors.



Leading the direction will incorporate the existing body of review, audit and inspection undertaken by expert specialist teams including IP&C and Nutrition Specialist Nurses etc. Leading the Direction will support a more strategic approach to designing this programme that provides assurance and informs improvement but also support development of UHB policy and strategy.



Leadership in Action incorporates self-assessment and audit including the volume of inspection captured on Tendable. Again, the engagement and assurance framework will support a more strategic approach with self-assessment activity focused on improving with an aim of ward accreditation. This stage of the framework will also support peer assessment, encouraging curiosity and sharing of ideas and good practice.

Report Title:	Finance & Performance – Chair’s Report			Agenda Item no.	6.4
Meeting:	Board	Public	x	Meeting Date:	31.07.2025
		Private			
Status (please tick one only):	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the Finance and Performance Committee meeting held on the 23 July 2025.</p> <p>The aim of the report is to provide assurance to the Board on the matters discussed at the Committee around the financial and operational situation of the Health Board</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
<p>The Committee considered several important items of business at the meeting, and a brief synopsis of some of the items discussed are set out in this Report.</p> <p><u>FINANCIAL REPORT – MONTH 3 (INCLUDING SAVINGS TRACKER)</u></p> <p>The following points were highlighted on the Financial Report – Month 3:</p> <ul style="list-style-type: none"> • The Health Board reported a month 3 deficit of £15.216m, which is £1.158m over the planned deficit. • The overspend was mainly due to a shortfall in the savings programme (£844k) and an operational deficit (£314k). • Against the £32m annual savings target, £28.6m of green and amber schemes were identified, leaving a £3.4m shortfall. • The savings shortfall was profiled flat through the year, not backloaded, to avoid storing up problems for later months. • Operational pressures included mental health out-of-area placements, contract overperformance (notably in critical care), and national insurance funding shortfalls. • Mental health out-of-area placements reduced from 19 to 9 but remained a key risk. • Clinical boards were expected to meet their control targets, and weekly meetings are held to review progress and identify further savings. • Additional risks included national pay awards, Welsh Risk Pool liabilities, and band 2–3 corrective payments, none of which were currently funded <p>• Workforce numbers reduced by 50 whole time equivalents between April and June, with further reductions expected from voluntary early release schemes (VERS).</p>					

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- The underlying deficit is projected to reduce to £56.2m if the plan is delivered but could rise to £62.9m if the savings gap is not closed.
- Cash management is a risk, with several large allocations from Welsh Government still outstanding, but improvements are expected as these are received
- The committee agreed to receive an updated position outside the normal meeting cycle due to the urgency of the financial situation.

OPERATIONAL PERFORMANCE UPDATE (INCLUDING THE QUALITY IMPROVEMENT & EFFICIENCY PLAN)

The key points discussed under the Operational Performance Update included the following:

- **Urgent & Emergency Care:** Attendances remain high; admission rates increased slightly. 12-hour and 24-hour waits in A&E are high, with 24-hour breaches at their highest in a long time. Ambulance handover delays remained a challenge, with Cardiff-specific issues noted.
- **Discharge Delays:** Main challenge was a reduction in discharge volumes, especially to community beds. A "reset week" is underway to address urgent care pathway issues and test improvement actions.
- **Pathway of Care Delays:** Numbers had plateaued; most challenges were within the UHB's control. Further update on patient locations and causes to be provided.
- **Planned Care:** Single cancer pathway performance improved to 69.5%. Long-waiting patients (over 2 years) reduced by over 600 in June, with a target to reduce further by end of Q2.
- **Diagnostics:** Improvement in non-obstetric ultrasound waits; issues with CT/MRI equipment resolved. Endoscopy plan with CTM delayed due to booking issues, but administrative support now in place.
- **Primary & Community Care:** Increased activity in pharmacy, dental, and community services. Dental contract delivery is on track. District nursing capacity at weekends still below standard.
- **Mental Health:** Children's services performing well except for neurodevelopmental waits, which are increasing. Adult services show improved assessment times but remain challenged by rising referrals, especially for neurodiversity.
- **Efficiency & Productivity:** Outpatient DNA rates remain high; targeted actions and overbooking are being implemented. Endoscopy and theatre utilisation improving but not yet at best practice. Length of stay in medicine has not reduced as planned, impacting both operational and financial targets.

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- **Quality Improvement & Efficiency Plan:** Focused on reducing long waits, improving flow, and increasing productivity. Progress is tracked monthly, with further updates on enabling actions and ministerial recommendations.

QUARTERLY ANNUAL PLAN UPDATE

The key points highlighted under the quarterly annual plan update were as follows:

- The report provided a high-level narrative on quarter 1 progress against strategic portfolios and "brilliant basics" priorities, focusing on non-KPI milestones not visible in other reports.
- Positive progress reported in workforce ambitions, integrated community care system foundations, community vaccination programmes, digital foundations, partnership arrangements, and clinical services planning.
- Key numbers and performance against ministerial delivery expectations and finance are summarized, with detailed data available in the integrated performance and finance reports.
- Common strategic challenges include implementation delays (many actions still in early planning), external dependencies (e.g., national programmes, capital funding), and complex governance for regional initiatives.
- The report is based on a detailed tracker of 200 actions, RAG-rated quarterly, with troubleshooting of red and amber items at the senior leadership team.
- The narrative summary is used at committee level to provide assurance, with ongoing work to better align actions to KPIs and improve benefits realisation measurement.
- Workforce reduction figures require clarification and alignment across reports to ensure consistent and accurate board-level reporting.

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- The committee noted the importance of establishing clear baselines and targets for workforce and ensuring rigorous measurement of benefits realisation to inform decisions on continuing or stopping schemes.

ENABLING ACTIONS & MINISTERIAL ACTION GROUP (MAG) UPDATE

The key points highlighted for the enabling actions & ministerial action group update included the following:

- The update combines Welsh Government enabling actions and MAG recommendations into a single, themed report to avoid duplication and streamline monitoring.
- Each recommendation is linked to specific measures, with RAG ratings indicating status: red (breaching standard), amber (breaching but time to recover), green (standard met).
- No central guidance yet on best practice for measurement; the report and metrics may evolve as further national advice is received.
- **Urgent & Emergency Care:** Most measures not currently met, but actions are in place and there is time to improve. Cardiff is fully engaged in national and local improvement groups.
- **Planned Care:** Most actions and recommendations are due in Q2 or later; progress is being made on initiatives like SOS/PIFU and direct listing for cataracts.
- **Productivity & Efficiency:** Improvements seen in cancer pathways, digital initiatives (NHS app, maternity software), and job planning rates. Agency spend is down, but some data (e.g., medical agency, sickness) will be updated in future reports.
- **Finance:** Continued pressure on non-pay and medicines budgets; CHC budget remains a challenge. Estates rationalisation programme is ongoing.
- The report is used internally for executive and Clinical Board reviews and will be submitted to Welsh Government as part of national monitoring, with a quarterly update planned.

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- The committee welcomed the new format as a step toward clearer, more actionable intelligence for decision-making.

BUSINESS CASE: TRANSFORMING ACCESS TO MEDICINES (TRAMS)

The following points were highlighted during the discussion on the Transforming Access to Medicines Business Case:

- The Outline Business Case (OBC) proposes a regional medicines preparation unit for SE Wales, consolidating manufacturing from individual health boards to a single site (proposed near Newport).
- The aim is to achieve operational efficiencies and cost savings by centralising production, with total revenue savings estimated at £5.2m to be shared among regional providers.
- The capital funding requirement is £19.1m from Welsh Government.
- Key caveats before progressing to Full Business Case (FBC) include resolution of staff transfer (TUPE) issues, clinical trials arrangements, and finalisation of staffing models to ensure Cardiff and Vale receives its fair share of savings.
- The case has been reviewed and supported by the Value Benefits Realisation Group and Senior Leadership Team, subject to the above caveats being addressed before FBC development.
- The committee was asked to recommend approval of the OBC for onward submission to Board and Welsh Government, with a focus on tracking delivery of the anticipated savings.
- Timeline for FBC submission was dependent on resolving the identified caveats; no specific date was provided.

- Staff redeployment and potential redundancy costs were recognised as risks and would be addressed in the FBC.

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BUSINESS CASE: PARK VIEW WELL BEING HUB

The following points were highlighted during the discussion on the Park View Well Being Hub business case:

- The business case seeks approval for a new well-being hub in Ely, replacing the Parkview Health Centre, which suffered a major water leak and has required temporary relocation of services.
- The project requires £36.8 million in Welsh Government capital funding.
- There is an increased annual revenue requirement of £624,000 for the Health Board, mainly due to estates running costs, carbon neutrality requirements, and the larger building footprint.
- The additional revenue cost is not yet fully mitigated; if not offset, it will need to be covered by the Health Board's allocation uplift in the year the building opens.
- The case is considered urgent due to the poor state of current facilities and the need to restore services in Ely as soon as possible.
- The committee raised concerns about affordability, the need for a clear analysis of the financial impact of not proceeding and requested to see the full business case before making a recommendation to the Board.
- There is an imperative to submit the case before the upcoming election, and community engagement has been part of the development process.

It was noted that due to Committee members not having the appendices available before the meeting, the Committee would not be able to endorse the case to the Board until Independent Member's had received the opportunity to look through those appendices.

For information, the appendices were circulated to all Committee members at the conclusion of the meeting and following discussion with the Chair, it was agreed that the case would be removed from the Board agenda as key elements needed to be addressed before it could move forward.

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Sandra Smith

THE COMMITTEE RECEIVED THE FOLLOWING ITEMS FOR INFORMATION AND NOTING:

- The monthly monitoring report for month 2

Recommendation:

The Board is requested to:

- a) Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First 1. Click the objective above to view more detail.	X	 Providing Outstanding Quality 2. Click the objective above to view more detail.	X
 Delivering in the Right Places 3. Click the objective above to view more detail.	X	 Acting for the Future 4. Click the objective above to view more detail.	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

P r e v e n t i o n	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

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Saundee Nathan

Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/ Exec	Date:

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Report Title:	Board Assurance Framework			Agenda Item no.	6.5
Meeting:	Board	Public	X	Meeting Date:	31 July 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

The Board Assurance Framework (BAF) provides the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board’s Strategy. It comprises 6 risk themes that are applicable to every one of the 4 strategic objectives.

The 2 delivery focused risk themes are:

- 1. Quality
- 2. Health Equity

And there are 4 key enabling risk themes:

- 3. People
- 4. Digital
- 5. Infrastructure
- 6. Sustainability

While each risk theme is relevant to every strategic objective, they are connected both with a strategic portfolio and a Committee of the Board to provide an appropriate thread from the strategy through delivery and into performance, and a means of assurance and scrutiny through Committees and into Board.

Executive Director Opinion and Key Issues to bring to the attention of the Board:

As is routine, all changes (bar the trend graphs) are shown as track changes.

There have been no changes to overall net risk scores.

The BAF has now appeared or is on the forward plan for all relevant committees. As a reminder these are:

Risk Theme	Committee
Quality	Quality
Health Equity	Quality
People	People and Culture
Digital	Digital and Infrastructure
Infrastructure	Digital and Infrastructure
Sustainability	Finance and Performance

Finance and Performance Committee has agreed to split the Sustainability Risk Theme into 3 principle areas – finance, decarbonisation/climate and research and development. It is felt that these 3 areas best represent the scope of the Acting for the Future strategic objective.

Furthermore, it will allow a rotation in F&P where the BAF is considered every other month rotating these 3 items. The finance focus will not look at the immediate financial situation as this is covered in F&P already. It will consider the long-term financial plan work that has been discussed previously at Board and aligns better with the strategy timeframe.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Discussion at the various Committees of the Board on the risks allocated to them for review.
- The strategic portfolio work being led by Executives.

Recommendation:

The Board is requested to:

- **Review and note** the risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.	X	2.  Providing Outstanding Quality Click the objective above to view more detail.	X
3.  Delivering in the Right Places Click the objective above to view more detail.	X	4.  Acting for the Future Click the objective above to view more detail.	X

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	There is no impact on the Duty of Quality
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No

Reputational: No
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>
Equality and Health: No - <i>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</i>
Decarbonisation: No
Welsh Language: No
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>

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Board Assurance Framework

Updated 31 Jul 25

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The Board Assurance Framework (BAF) is the tool and document that seeks to articulate what strategic risks an organisation has identified that will, if not addressed, prevent it from delivering its strategy.

There is no definitive format, and it is intended that the below pages present in as clear a manner as possible the alignment between CAVUHB's 4 strategic objectives, the strategic portfolios that are led by the Executives in order to turn the strategy into delivery over the course of the strategy, the strategic risks that have been defined to best articulate the major themes that could prevent the delivery of the strategy, and the Board's Committees that are charged with seeking assurance on and scrutinising the delivery of each strategic objective.

While each strategic risk aligns to a Committee, the risks themselves are applicable to all 4 strategic objectives and have a whole organisation perspective and impact. Each has a risk appetite as determined by the Board.

Each risk seeks to identify the potential cause and effect of a manifestation of the risk becoming an issue. This 'uncontrolled' assessment makes use of a simple 5 x 5 scoring guide for likelihood against impact:

Likelihood \ Impact	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Each risk is then assessed for the different controls and assurance measures or mechanisms that are in place, as well as identifying where there may be gaps in these facets. Once these have been applied a new assessment, using the above scoring system again, is then made.

However, the BAF is not a definitive mechanism or science. It is a vehicle for the organisation to articulate and expose some of the strategic level impacts on delivering the strategy, and for the Board and Committees to pull through and scrutinise those elements that are appropriate.

Finally, the BAF seeks to articulate the activity taking place relevant to each risk for assurance.

This document looks to capture and present this information so that the Board and members of the public can see all of the above information, the trends in scoring, the actions being undertaken and every change made to the document between one Board meeting and the next through the use of track changes.

Strategic Framework

Strategic Framework						
Strategy	Putting People First	Providing Outstanding Quality			Delivering in the Right Places	Acting for the Future
Strategic Portfolio	Shaping Our Future People & Culture	Shaping Our Future Population Health & Place Based Partnerships	Shaping Our Future Quality, Value & Sustainability	Shaping Our Future Clinical Services	Shaping Our Future Infrastructure	Shaping Our Future Generations
Strategic Risk Theme	People	Quality			Digital	Sustainability
		Health Equity			Infrastructure	
Committees	People and Culture Committee	Quality Committee			Digital and Infrastructure Committee	Finance and Performance Committee
		Mental Health Committee				
	Audit & Assurance					

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Strategic Objectives			
Putting People First	Providing Outstanding Quality	Delivering in the Right Places	Acting for the Future
<p>We will be a great place to train, work and live, where we listen to and empower people to live healthy lives.</p> <p>By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.</p>	<p>We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them.</p> <p>We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.</p>	<p>By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing.</p> <p>We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.</p>	<p>We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future.</p> <p>By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities.</p>
<p>People will feel valued, developed, supported and engaged.</p> <p>We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.</p> <p>Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.</p>	<p>Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community</p> <p>Deliver outstanding quality of care every time – from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers.</p> <p>Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.</p>	<p>To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services.</p> <p>Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof.</p> <p>With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future.</p> <p>Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.</p>	<p>Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners.</p> <p>Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value.</p> <p>Maximise the Health Board's contribution to the foundational economy</p> <p>Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.</p>

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Risk Overview

What will prevent Cardiff and Vale University Health Board from delivering its strategy?
If any of the below risk themes cannot be controlled, then the strategic objectives are unlikely to be met.

Strategic Risk	Risk Appetite Target Risk	Gross Risk (no control s)	Net Risk (after control s)	Trend	Context	Executive Lead(s)
Quality	Cautious 10	25	15	<p>Net Risk Target Risk</p>	<p>Our ultimate priority - to continuously, reliably, and sustainably meeting the needs of the population that we serve.</p> <p>Our organisation will focus on delivering assurance on the six domains of quality with the ultimate aim of providing outstanding care to our patients. We will strive to deliver Safe; Timely; Effective; Efficient; Equitable and Person-Centred Care.</p>	<p>Exec Dir Nursing Exec Medical Dir Exec Dir AHPs and Health Science Chief Operating Officer</p>
Health Equity	Open 12	16	12	<p>Net Risk Target Risk</p>	<p>One of our two statutory responsibilities as a Health Board is to improve the health and well-being of our local population.</p> <p>The overall aim of our strategy is: 'Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced.'</p> <p>The goal is to improve health outcomes by reducing inequity in indicators of healthy behaviours and increasing the use of preventative services and access to clinical services.</p>	<p>Exec Dir Public Health</p>
People	Open 10	20	16	<p>Net Risk Target Risk</p>	<p>The most important asset of any organisation.</p> <p>Through the delivery of the People and Culture Plan, our strategy will be delivered with a key focus on these core People risks:</p> <p>Attract, Recruit, Retain Culture Wellbeing</p>	<p>Exec Dir People</p>

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Risk Overview

Digital	Cautious	25	20	<p>25 0 Sep Nov Jan Mar May Jul Net Risk Target Risk</p>	Data is integral to our strategy. It empowers informed decision making about what we need to do, why, when and how we perform. Delivering our digital and data transformation road map will introduce actionable insights and capabilities that enable clinicians and patients in any setting delivery of safe, high-quality care, improving productivity, efficiency and communication through person centric digital solutions. The security, management and accessibility of data is essential.	Dir Digital
	20					
Infrastructure	Open	25	20	<p>25 0 Sep Nov Jan Mar May Jul Net Risk Target Risk</p>	The Health Board has the largest hospital in Wales, a footprint across dozens of locations and integrated service locations with key partners. We must shape our future infrastructure to ensure facilities are fit for the delivery of modern healthcare, intelligent integration takes place with partners and the service is delivered in the right locations for our population.	Exec Dir Finance
	15					
Sustainability	Cautious	25	15	<p>25 0 Sep Nov Jan Mar May Jul Net Risk Target Risk</p>	Sustainable, efficient services are a legal requirement, improve quality and ensure a sustainability of service for now and future generations. By articulating the strategy through the integrated mid-term plan and the proper alignment of resources and consideration of the environment the Health Board will meet its statutory duty and ensure value in delivery.	Exec Dir Finance
	10					
Risk Appetite						
Avoid	Avoidance of risk and uncertainty is a key organisation objective			Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)	
Minimal	Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential			Seek	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward			Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust	

Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Quality, Value & Sustainability	Exec Dir Nursing Exec Medical Dir Chief Operating Officer Exec Dir Therapies and Health Science	Quality	30 Sep 24
Risk				
Delivering outstanding quality and eliminating avoidable harm is the ultimate priority of the Health Board, however, constraints associated with capacity, Capacity, governance and leadership to deliver measurable success across each of the six domains of quality impacts on the ability to deliver quality all the time and for the entire population				
Cause		Impact		
Safe – avoiding harm to service users and staff Risk to delivering safe care is increased due to demand pressures, workforce shortages, aging physical estate, lack of digital technology and variation across the organisation.		Safe The UHB continues to see a number of same cause patient safety incidents, complaints, redress cases and claims where the harm to patients is potentially avoidable. These include health care associated infections, failure to ensure continuity in clinical pathways, failure to recognise the deteriorating patient, failure to escalate, issues with communication and Never Events. The health, safety and welfare of our staff is not universally maintained.		
Timely – providing care within an appropriate timescale to avoid harmful delays Ability to deliver timely care is significantly impacted by the backlog of referrals following the covid-19 pandemic and the mismatch between demand and recurrent capacity within many clinical services		Timely Long waiting times for planned care and diagnostics means care is delivered at inappropriate timescales with a potential consequence of progression of disease, worsening wellbeing and associated psychosocial impact on patients and families. Care is ultimately costlier to provide.		
Effective - providing services based on scientific evidence and refrain from providing treatments and services that do not benefit patients Ability to deliver effective care is impacted by workforce pressures, outdated systems and process, particularly related to digital technology, clinical coding and aging physical environments. The challenge in accessing real time data to track care against a robust evidence base means that the organisation is dependent on retrospective data to inform its response to quality risk		Effective Benchmarked data associated with national clinical audits demonstrates that we don't universally benchmark in the top 30% of organisations nationally for performance and outcomes. The pressure on estates, workforce capacity and wellbeing will impact on our ability to provide care in line with evidence base.		
Efficient - avoiding waste that does not add value to the patient or the desired outcome Risk to delivering efficient care is caused by outdated systems and process, particularly related to digital technology and aging physical environments and workforce efficiency		Efficient The Health Board is not meeting some of its productivity and efficiency ambitions, including in relation to outpatients and length of stay. Care may be being delivered which does not provide value to the patient, wider population and health economy. Care can be duplicative and wasteful. Care is often delivered with a disproportionate focus on intervention vs prevention. Constraints around workforce availability results in a reliance on non UHB staff to provide care.		
Person Centred - providing care that is respectful and responsive to patient's values and needs In order to reduce the risk of not delivering person centred care the organisation must seek understanding of our population, empower patients, seek options to receive feedback and develop a responsive culture.		Person Centred The Health Board is striving to deliver care that meets the patients right to empathy, compassion, privacy, dignity and respect. In some areas patient experience is below our ambition, for example in the Emergency Department which is below the 85% target in all but one measure. The Health Board is seeking to ensure patients and families views are sought and play a role in improving services.		
Equitable - Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life We embed equality and human rights in our health care system. We design services that meet the needs of our local population.		Equitable – Our health outcomes between different population groups (e.g. most deprived and least deprived and different ethnic groups indicate that we have more work to do on this aspect of quality. We have developed an 'Equity, Equality and Patient Safety Framework for the Health		

Strategic Risks – Quality

Board' this describes a framework for change, provides examples of best practice from across the world, and finally outlines the key actions each Clinical Board has committed to. For example, our data collection of protected characteristics is poor, and each Clinical Board will need to make improvements in this area. Using a co-production approach supports equity.			
Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
<p>Safe – Corporate Quality and Safety team have oversight of all UHB patient safety incidence, the Duty of Candour supports systematic scrutiny of all incidents reported as having caused moderate harm and above. Quality and safety Committee and the groups that report into the committee provide oversight of emerging trends. The clinical safety group brings together the clinical boards and clinical advisory groups to support the development of strategy and policy to deliver quality aligned to current risk. The Shaping our Future Quality Excellence Programme is designed to address emerging patient safety themes. The Theatres Together programme is overseeing improving work in theatres that has emerged from the recent theatres review.</p> <p>Timely- Planned Care programme and Operational Performance meetings delivering on plans to reduce waiting times. Patients prioritised in line with Health Board criteria – Urgent and Emergency Care; Cancer and Time-Critical; planned (in referral order). Recovery plans are in place for diagnostic long waits such as endoscopy and non-obstetric ultrasound.</p> <p>Effective – The Clinical Effectiveness Committee provides oversight of national clinical audit outcomes and improvements and implementation of NICE and HW guidance. Clinical Boards are bringing an overview of their local arrangements to providing continuous focus of national audit data and use it to transform clinical pathways as has been done in stroke and hip fracture. Work is planned as part of the Shaping our Future Quality Excellence – Quality Management System Project to standardise the collection of national audit data and to embed it into quality governance structures.</p> <p>Efficient – operational programmes in planned care and urgent and emergency care focused on delivering best practice. Benchmarking and use of GIRFT central to programme. Productivity and Efficiency ambitions in place and monitored.</p> <p>Person Centred – Value Based Healthcare programme supporting projects and programmes focused on delivering value to patients. The UHB is rolling out a new PROM platform “Promptly” throughout the organisation to provide reliable opportunities to collect this information.</p> <p>Equitable – We monitor performance against the actions outlined in the Equity, Experience and Patient Safety Framework and Action Plan. This goes to Quality Committee every six months.</p>	<ul style="list-style-type: none"> • Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • People and communities experience framework • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • PSOW REPORTS • WRP assessments • Accessibility standards • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25

<p>Our Cardiff and Vale Health Inclusion Service (CAVHIS) supports the most vulnerable people experiencing ‘cliff edge’ health inequalities, but there is more to do to support this population and reach out to the next level of people experiencing health inequalities. Investment has been agreed to support this expansion. Implementation of this Business Case will need to be reviewed periodically. Progress against the implementation of our co-production approach will also be important for improvements to equity.</p> <p>Our Shaping our Future Quality Excellence Programme is focussing on developing a Quality Management System for the UHB and on improving performance against specific quality challenges; Hospital Acquired Infections, Acute Deterioration, Lost to Follow-up and Medication Errors.</p>					
Gaps in Controls				Gaps in Assurances	
<p>Lack of funding available for deliver planned care performance standards recurrently</p> <p>Both the clinical safety group and the clinical effectiveness groups are relatively new forums, and the Clinical Board quality and Safety governance needs to mature further to deliver a quality management system.</p> <p>Staff retention and recruitment vulnerabilities are impacting on case ascertainment for national audits.</p> <p>Many local improvements aligned to patient safety incidents are within the gift of the clinical boards to facilitate, however there are complex health board wide or national improvements for example delivery of scan for safety, implementation of a medical device register, whole system approach to observation and escalation that are dependent on resource</p> <p>Poor data collection on protected characteristics across the organisation.</p>				<ul style="list-style-type: none">• Approach to Quality Statements• Quality Outcome Framework• Resource for widespread health board wide improvements• Data improvements that will improve data monitoring of protected characteristics at the local level e.g. National Data Repository, a Population Health Management System for Wales and use of the NHS App in Wales	
Risk Post-Controls and Mitigation					
Impact: 5		Likelihood: 3		Net Risk: 15	
Actions					
What		Lead	By	Update	
Deliver stroke improvement plan to address quality concerns in acute stroke pathway		PB	31/12/25	<ul style="list-style-type: none">• Business case approved for stroke model, funding to be released from Q4 2024/25• Delays in recruitment for agreed stroke post	

Strategic Risks – Quality

			<ul style="list-style-type: none"> Recruitment is now underway to the additional posts, but it will be some time before all posts are in place. There is continued focus on stroke performance and a real increase in regional working to deliver sustainable models moving forwards. <u>Stroke performance remains stable – new SSNAP measures to be reported to Board in August.</u> <u>Go-live of phase of regional thrombectomy service in July</u>
Develop 6 goals workstream four objectives to transform continuity of care, hospital flow and length of stay	PB	31/05/2025	<ul style="list-style-type: none"> UHB launch of Reducing Time In Hospital in November – completed <u>6 goals programme reframed for 25/26 to include two workstreams, one focused on secondary care and one primary. Detailed plan developed and will be signed off in Q1</u> <u>Action complete</u>
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/26	<ul style="list-style-type: none"> Delivery against revised trajectories is monitored internally and by WG Challenging position in select specialities including ophthalmology End of year positions in Cancer and 104 weeks for 24/25 good in comparison to recent years but still too long and not in line with WG expectations. Revised plans in place to deliver reduction during 2025/26 <u>Cancer performance remains best in Wales – further work to do to reach 75%</u> <u>Long waits significantly reduced, meeting agreed trajectories for each quarter.</u>
Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	31/12/25	<ul style="list-style-type: none"> The design development continues. However, discussions are ongoing with WG in relation to a combined ITU/Haematology and Hybrid theatres schemes. Interim plan for releasing capacity on 3rd floor in progress through discretionary capital programme – Work to C1 to accommodate Cardiology from C3 has commenced and is due to complete October 2025, releasing capacity ahead of the ITU work
<u>Deliver the Theatres Together Programme which includes important quality elements such as the WHO checklist and productivity improvements</u>	<u>PB</u>	<u>31/03/2026</u>	<ul style="list-style-type: none"> <u>Theatres Together Programme is underway, and updates provided through Board. Initial focus on 6 immediate actions and cultural priorities</u>
Development of a Quality Outcomes Framework- To support a data informed approach to quality	JR/ RS	31.06.25	<ul style="list-style-type: none"> Meetings underway with corporate teams to agree quality indicators Work to extrapolate data relating to patient safety incidents commenced Plan to develop a first draft by Q1 with digital support by June 2025 Publication of a UHB mortality dashboard Publication and analysis of clinical board and directorate mortality dashboards
Development of the Quality prospectus to populate the quality academy – Up skill staff across the clinical boards in patient safety review technique, improvement planning and clinical governance	JR	31.03.26	<ul style="list-style-type: none"> PSLR training developed Improvement plan training in development Human factor prospectus planning Development of a quality academy Accredited audit training in place

Strategic Risks – Quality

Monitoring of the Equity, Equality, Experience and Patient Safety Action Plan and progress against actions by Clinical Boards	CB	Every six months	<ul style="list-style-type: none">Paper for Quality Committee on progress against the action plan.Early discussions with Public health around equity measures as part of the quality outcome framework
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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Health Inequity	Shaping our Population Health and Place Based Partnerships	Executive Director of Public Health	Quality	29 July 2021
Risk				
There is a risk that lack of investment in prevention, primary care and community services coupled with a deterioration in the wider determinants of health will adversely impact our statutory duty to improve the health and well-being of our local population and our strategic ambition to reverse the historic trend in widening inequality in life expectancy for men and women living in Cardiff and Vale.				
Cause			Impact	
<ul style="list-style-type: none"> People in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable. People living in poverty are getting sicker and accessing services later. For the most deprived groups, EU attendances are nearly twice as high and emergency admissions more than double that of the least deprived. In 2021 the <i>undiagnosed</i> diabetes rate was double for those in the bottom Indexed of Multiple Deprivation (IMD) quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare. Greater illness and poorer access to care (the inverse care law) contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived groups. Our organisation has set the strategic intention to shift spending from reactive care in hospitals to more prevention and proactive care in the community setting – but secondary care has attracted a greater share of NHS spending, meaning that prevention, primary care and community services have received a smaller share. This must be addressed for the sustainability of the organisation. Locally we call this left shift, a 'shift upstream' towards prevention. Spending on prevention, and in primary and community settings had a superior return on investment when compared with acute hospital services. There is strong evidence that areas that invest more in prevention and community care see 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates together with lower average activity for elective admissions and EU attendances. Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the 			<ul style="list-style-type: none"> We can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health. This in turn reduces the burden on the Health Board and social care while enabling our population to be more productive in our working lives, so strengthening the local economy. This is the desired outcome for individuals, families and the public purse. Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. The key population groups with multiple vulnerabilities include: <ul style="list-style-type: none"> Some minority ethnic groups, especially some people in Black and Asian populations People living in (or at risk of) deprivation and poverty People in insecure/low income/informal/low-qualification employment, especially women. People who are marginalised and socially excluded, such as people who are experiencing homelessness and other inclusion health groups Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm. Health inequalities are estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness. The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived (PowerPoint Presentation (nhs.wales)) There is a moral and financial sustainability imperative to address health inequalities in our Health Board. 	

- organisation as described in the strategy, because they are derived from the changing needs of the population.
- Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions.
 - Health inequalities arise in three main ways:
 - structural issues, e.g. income, employment, education and housing
 - unhealthy behaviours due to the environment, social norms and income levels
 - inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs.
 - Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally.
 - The 'Inverse Care Law' has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan.
 - The UHB also has a role as a care provider, employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents and to advocate for improvements to the wider determinants of health with other statutory partners.
 - Lack of capacity to deliver evidence-based interventions at scale to tackle health behaviours e.g. smoking, diet, physical activity, alcohol, that drive the huge disparities in health outcomes we see across Cardiff and Vale.
 - Lack of capacity to undertake more substantial work on the wider determinants of health with partners.
 - Lack of investment in prevention, primary and community services, e.g. health visitors (UK staff shortages) and public health consultants (Faculty recommends 15 for a population of 500,000).

Uncontrolled Risk

Impact: 4

Likelihood: 4

Gross Risk: 16

Target Risk: 12

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Controls	Assurances
<p>1. Statutory duty</p> <ul style="list-style-type: none"> The Health Board has a statutory duty: to improve the health and well-being of the local population. The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. <p>2. Role as an Employer</p> <ul style="list-style-type: none"> In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner. Our Strategic Equality Objectives and Plan 'Shaping our Inclusive Culture 2024-2028', has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes. All our Executives have taken up a leadership role as an Inclusion Ambassador covering different characteristics, including those specified in the Equality Act 2010. Staff have been signposted to resources to help them to cope with the cost-of-living crisis. <p>3. Our Strategy and Plans</p> <ul style="list-style-type: none"> The refreshed UHB Strategy 'Shaping our Future Well-being' shines a light on the issue of equity at the strategic level. The Cardiff and Vale long-term public health plan 2024 – 2035 sets out how the UHB intends to achieve its ambitions of increasing life expectancy, reducing inequity and shifting more focus to prevention. 'Shaping our Inclusive Culture 2024-2028' is closely aligned with the UHB Shaping our Future Well-being. Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB have further identified collective actions. The future UHB organisational direction agreed at the recent rapid planning event supports the 'shift upstream' by committing to develop an Integrated Community Health System, underpinned by care pathways that begin with prevention; prevention is a 'brilliant basic'. The establishment of a Strategic Diabetes Programme Board is a key element to reducing health inequalities and has an aim to identify those with undiagnosed diabetes in areas of deprivation across Cardiff and Vale. <p>4. Public Health Priorities to reduce health inequalities</p> <ul style="list-style-type: none"> As a team we have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows): <ul style="list-style-type: none"> preventing obesity (focus 0-5 years) 	<p>Board papers</p> <p>Committee papers to Quality Committee e.g. updates on Equity, Equality, Experience and Patient Safety Framework.</p> <p>Committee papers to People and Culture and Quality and Safety Committees e.g. updates on Welsh Language Standards.</p> <p>Risk Registers</p> <p>Integrated Performance Report</p> <p>Papers to SLTB</p>

<div>- reducing smoking rates (dependent on a new business case)</div> <div>- increasing levels of vaccination (using an outreach model to reduce inequity in uptake).</div>		
Gaps in Controls		Gaps in Assurances
<div></div>		<div>Monitoring data (e.g. on protected characteristics)</div> <div>Population Health Management System to reduce inequalities by identifying those at risk</div>
Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 3	Net Risk: 12

Actions			
What	Lead	By	Update
Embed a 'Socio-economic Duty' way of thinking into strategic / operational planning, <i>beyond</i> complying with our statutory duty, and to always consider the unintended consequences of our actions	Claire Beynon/ Rachel Gidman	2025/26	<ul style="list-style-type: none"> • We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. • The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. The Health Board are also exploring opportunities as to how the EHIA process can be better embedded into governance processes and to make the process more user-friendly. • Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.
Within the UHB and through our PSB and RPB partnerships, continue to develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2026	<p>Work to tackle inequalities needs to take place over prolonged time periods. In 2025/26 we will continue to work with PSB and RPB partnerships to address the three priority areas where we know we can make a significant impact on reducing health inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority partners, provides governance oversight of this collective action and works to remove any blocks to collective action.</p> <ul style="list-style-type: none"> • The Head of Equity and Inclusion is a member of the Public Sector Equality Network, improving the collaboration between public sector organisations in the area. • <u>An ongoing, opportunistic programme of MMR vaccination catch ups will continue until the end of the school year. This programme is delivered in school and community environments, also using the vaccination van to support outreach efforts in communities with lower uptake. The wider community delivery model of vaccination is also continuing, with an enhanced focus on delivering vaccination closer to home.</u>

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- A more targeted, intelligence driven approach is being discussed with Cardiff Council and appropriate data sharing agreements are under development. It is expected to take some time before the correct information governance will be in place to support this but a Task and Finish group meets fortnightly to maintain focus on this. A second round of MMR vaccine catch-ups is underway. Immunisers are going directly in to schools with lower uptake to reduce barriers to access and reach groups less engaged with the childhood immunisation schedule. The aim is to protect education from the impact of a Measles outbreak as this would exacerbate health inequalities. This outreach approach is being extended to reach other communities where uptake is lower.
- The same intelligence driven approach is being used for analysing inequities of childhood vaccination in primary care. This work will help us to support General Practices in targeting and following up children in areas or communities with lower uptake. The Public Health Team's Data Analyst is developing dashboards that can be used to support discussions with individual GP surgeries in an accessible and interactive way.
- We are doing this also with the use of a vaccination van. This is being deployed in areas of lower uptake, to support outreach efforts and to offer opportunistic vaccination in the context of large community/ cultural/ religious gatherings.
- The community delivery model of vaccination is continuing, and the measure of distance radius of vaccination from home and focus has been reviewed to further enhance the proximity of the offer.
- Additionally, a data sharing agreement with Cardiff Council will support a more targeted, timely and intelligence driven approach and enable a more active role played by schools in monitoring and promoting vaccination.
- The same intelligence driven approach is being used for analysing inequities of childhood vaccination in primary care and it will help us support General Practices in targeting and following up children in areas or communities with lower uptake.
- Operational planning is ongoing for the delivery of the injectable gelatine-free flu vaccination in the school setting during 2025. Community engagement activities are gathering insight on awareness of the gelatine-free options, and behaviourally informed communications, including an updated consent form, are being developed.
- The Health Improvement Officer is developing community profiles as part of the action plan to work to address the health inequalities experienced by ethnic minorities and boost our understanding and ability to engage and build trust. This is a joint position with Cardiff Council and the Public Health Team funded directly from a Welsh Government annual grant. Our Health Improvement Officer works across Cardiff Council and the UHB's Public Health Team as part of a collaboration to improve our understanding of and engagement with ethnic minority communities. The aim of their work is to build trust with these communities, supporting us to understand and break down barriers to good health and wellbeing. The Officer is employed in this role by Cardiff Council, funded, via the Public Health Team, by a Welsh Government grant.

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- An 'Equity, Equality, Experience and Patient Safety' action plan was developed, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. This was approved by Board in May 2024. Progress on the actions is reported to Quality Committee on a 6-monthly basis. The most recent update in is due to be presented in August 2025. Feedback on progress from teams is in the process of being collected for this update. Current highlights include that:
 - a Task and Finish Group has been established with respect to the Health Board's antiracist action plan, with organisational agreement to focus on progression and representation. A thorough analysis of data is underway to identify recruitment and progression barriers for our ethnically diverse colleagues and the anti-racism eLearning module on ESR has launched.
 - Cardiff and Vale Health Inclusion Service (CAVHIS) is now providing in-reach services to the Emergency Unit at UHW, with a nurse in place between 9am and 5pm to provide ED / ward in-reach and there are also now GPs providing primary care in-reach to inclusion health groups.
 - The Health Board has partnered with Cardiff Metropolitan University to conduct a bespoke research project exploring the experiences and barriers faced by care-experienced individuals in relation to employment.

The most recent update in November 2024 commented on the successful establishment of face-to-face antenatal education sessions for non-English speaking families as part of the community of midwifery programme of classes, and highlighted various awards won by teams with respect to the equality agenda such as the 'project search' program, designed to support young adults with learning disability/autism in gaining employment which was recognised with awards at the Project Search awards in Blackpool and the National HR awards in London. Work continues to meet targets in the existing plan, especially in relation to data collection. Additionally, work seeking to identify any additional new actions to add to the plan has begun. A further update is due at the end of June. As above, a further update on this is in the process of being collated and is due to be presented to QSE in August.
- ~~The UHB's Community Smoking Cessation Services aim to ensure that clinic provision aligns to areas known to have higher smoking prevalence in order to reduce barriers to service access. Further work is planned to improve outreach e.g. with housing association tenants. A communication campaign has been running since January 2025 which has targeted groups with higher smoking prevalence. Partner organisations have shared smoking cessation promotional materials and resources in order to extend reach. There have been improvements made to the way that pregnant smokers are identified and contacted with stop smoking support. An 'opt out' process has been adopted (all pregnant smokers will be contacted by smoking cessation services unless they explicitly request for this not to happen). The UHB's Community Smoking Cessation Services aim to ensure that clinic provision aligns to areas with higher smoking prevalence to reduce barriers to service access. Further work is also planned to improve outreach e.g. with housing association tenants. To support work on smoking cessation, partner organisations have shared materials,~~

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			<p><u>resources and information. This includes information on the introduction of the ban on sale of disposable vapes, and a new online resource to help people reduce vaping, and therefore dependence on nicotine.</u></p>
<p>Improve the routine data collection in relation to equality and inequity across the UHB.</p>	<p>Claire Beynon</p>	<p>March 2026</p>	<p>In 2025/26 there is an ongoing need to improve the routine collection of protected characteristics in order to support the introduction of new indicators. This will need to be addressed by each Clinical Board. Patient feedback is essential to improving service quality. Since October 2022, the UHB has collected most routine feedback via electronic surveys, accessed by SMS link, QR code and URL. We currently survey up to 1000 patients who have attended an outpatient appointment or following discharge as an inpatient every day; this includes the Emergency Unit (200), Mental Health (200) and the routine survey which randomly selects from all other clinical areas (600). As part of ongoing development, the routine survey has been translated into the top ten most frequently used languages, including BSL, English and Welsh. All surveys also collect information on protected characteristics, although this is not compulsory.</p> <p>A range of methods is used to gather feedback with the aim of ensuring all patients have the opportunity to contribute, including:</p> <ul style="list-style-type: none"> • Website hosted surveys • Kiosk surveys • Tablet surveys • Postal surveys and paper-based feedback forms • Telephone surveys • SMS surveys • Focus groups • Patient stories • Bespoke <p>The All Wales Peoples Experience Framework was launched in April 2025. The new <u>PESES</u> survey was implemented in May 2025 at the Health Board.</p>

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Strategic Risks – People

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
People	Shaping our People and Culture	Rachel Gidman	People and Culture	30 Sep 24
Risk				
If we do not have the right people, the right culture and a healthy, effective workforce then we will not be able to provide the services to the population that we are required to and on which people depend.				
Cause			Impact	
1. Attract Recruit Retain			<ul style="list-style-type: none"> Higher levels of sickness absence Lack of management capacity to support staff appropriately; <ul style="list-style-type: none"> Higher levels of turnover; Low morale and poor staff engagement; Increased reliance on temporary workforce e.g. bank, agency, locums, etc; Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. Lack of capacity to upskill and develop our current workforce. Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. Potential negative impact on quality of care & safety. Inability to expand services as required due to lack of staff with the relevant experience, skills, etc. 	
2. Culture			<ul style="list-style-type: none"> Staff morale may decrease Increase in absenteeism and/or presenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases / respect and resolution Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employer of choice may decrease Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. Existing inequalities exacerbated Not realising the opportunities within workforce sustainability 	

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<h3>3. Wellbeing</h3> <ul style="list-style-type: none">• Lack of integration and understanding of importance of wellbeing amongst managers• Impact upon manager wellbeing of balancing staff and service needs• Conflict between demands of service delivery and staff wellbeing• Exposure to psychological impact of increasingly complex and challenging demands of care• Inability to deliver care to required standard due to short staffing (moral injury / moral distress)• Ongoing demands over an extended period of time• Cost of living• Financial climate		<ul style="list-style-type: none">• Values and behaviours of the UHB will not be displayed due to high pressure environments, and potential for exacerbation of existing poor behaviours• Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages• Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated• Clinical errors will increase• Staff morale and productivity will decrease• Job satisfaction and happiness levels will decrease• Increase in sickness levels• Patient experience will decrease• Increased referrals to Occupational Health and Employee Wellbeing Services (EWS)• Increased referrals for higher level psychological support• UHB credibility as an employer of choice may decrease• Potential exacerbation of existing health conditions <p>Impact on retention (negative) and attraction of staff into healthcare</p>	
Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 10

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Controls	Assurances
<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities.. • Monthly Executive Review meetings with Clinical Boards • Strategic oversight meetings, e.g. NPG, MWAG and introduction of MPG (Medical Performance group) • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Speaking up Safely. • Widening Access Framework • New Starter Surveys and Exit Questionnaires/interviews • Nursing Staff in Post Forecasting to identify potential risks in advance <p>Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme</p> <p>Staff survey</p>	<ul style="list-style-type: none"> • Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. ⁽¹⁾ • Quarterly IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). • Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report ⁽³⁾; • Engagement of staff side through the Local partnership Forum (LPF) ⁽¹⁾ Matrix of measurement now in place which will be presented in the form of a highlight report to Committee ⁽¹⁾ • Internal monitoring and KPIs within the OH&EHWS ⁽¹⁾ • Wellbeing champions normalising wellbeing discussions ⁽¹⁾ • VBA focussing on individual wellbeing and development ⁽¹⁾ • Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023 • Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 • Development of a new and permanent OD Manager - Wellbeing and Engagement role • Taking Care of Carers Audit and Action Plan to become part of Business as usual ⁽³⁾ • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions ⁽³⁾ • Trade unions insight and feedback from employees ⁽²⁾ • Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales ⁽²⁾

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Gaps in Controls		Gaps in Assurances	
<p>Agreed Retention Plan for all staff. Retention & OD Lead for the UHB</p> <ul style="list-style-type: none">• Workforce supply affected by National Shortages. <p>No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles)</p> <ul style="list-style-type: none">• No organisational cultural dashboard• Staff shortages / industrial action leading to movement of staff and high demand for cover• Transparent and timely Communication especially to staff who do not have digital access• Continued increase in manager referrals to Occupational Health• EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral• No Colleague Health and Wellbeing Framework		<p>Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement</p> <ul style="list-style-type: none">• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow• Awareness and access of employee wellbeing services, particularly for staff without email / internet access• Clarity of signposting and support for managers and workforce	
Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 4	Net Risk: 16	

Actions			
What	Lead	By	Update
<p>Agreed Retention Framework to support retention for all staff groups, aligned to HEIW Principles and HEIW Nurse Retention Plan.</p> <p>Attract, Recruit and Retain is one of the key three themes of the People and Culture Action Plan which is monitored on a monthly basis to ensure good progress.</p>	Claire Whiles	July-Oct 2025	<ul style="list-style-type: none"> The All Wales self-assessment was due on the 31 March 24. The organisation completed and submitted. A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the development of an over-arching framework including retention, health and wellbeing and organisational development. Currently sense-checking approach in light of existing demands and pressures to assess prioritisation of framework development, e.g. OD&Culture; Leadership & Management Retention and OD Lead part of HEIW Community of Practice to ensure learning across Wales brought into UHB Draft OD, Wellbeing and Culture Framework and Toolkit

Strategic Risks – People

<p>To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.</p>	<p>Claire Whiles</p>	<p>JuneOct 2025</p>	<p><u>produced and under review. To be ready for publication and engagement October 2025.</u></p> <ul style="list-style-type: none"> • Management programmes continue to be delivered and evaluated using the Kirkpatrick model (introduced Q1 2024) • Compassionate Leadership masterclasses developed via 'train the trainer' session with Professor Michael West. Delivered regularly. Ongoing review and evaluation in place. • <u>General Manager success profile developed and competencies currently in development to shape training needs analysis and programme development. Programme to commence June 2025 Leadership, Management and Skills programme for Band 8C and 8B (Ops) agreed and will commence August 2025. Exploring regional delivery with ABUHB and CTMUHB to enhance resilience, content and regional working.</u> • <u>Elev8 Programme to be launched to support Advancing Clinical Leadership. A multi-disciplinary programme to support Band 7 clinical leaders in order to successfully lead compassionate, accountable and improvement focused teams. To launch September 2025.</u> • <u>A leadership development pathway is in development and will be aligned with UHB objectives and organisational need. Leadership post planned for scrutiny May 2025.</u> • <u>Successful recruitment to Head of Leadership and Management position, individual will commence in role October 2025. Work continuing until that time, overseen by Head of OD and Culture. We continue Continuing to work closely with HEIW to align leadership principles to 4-nations work on leadership and management competencies. Focus on management development April-June 2025, focus on focused on brilliant basics - managing attendance and wellbeing, accountability and ownership, compassionate leadership.</u> • All programmes underpinned by compassionate and inclusive leadership principles. <u>Planned work with HEIW and Professor Michael West to identify monitoring and evaluation measures to underpin development and cultural improvement work.</u> • Connected to Isle of Wight and Portsmouth NHS Trusts to identify key learning around the Culture and Leadership Programme. <u>Two meetings held to date, currently reviewing documents shared to benefit from learning and outcomes achieved.</u>
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Strategic Risks – People

			<ul style="list-style-type: none"> • Compassionate Leadership Pledge has been signed by the Board. Roll-out plan in development to support meaningful adoption at a local level, exploring tie-in to team assessment and ward accreditation. • <u>Paper on the introduction of 'Cultural Safety Zones' in draft for discussion with teams including quality and safety, audit. Exploring links to Culture and Leadership Programme, Ward accreditation and Compassionate Leadership Pledge. Supported by TU partners.</u> • Thorough TNA will be required to support effective leadership and management development. Looking at Management Passport for all managers to ensure underpinning knowledge. • Self, Team and Team of Teams pilot leadership programme delivered to Peri-Natal Colleagues April 2025. <u>Evaluation with HEIW to review next steps, evaluation currently taking place. Programme funded by HEIW.</u>
Equality, Diversity and Inclusion	Claire Whiles	September 2025	<ul style="list-style-type: none"> • Continue to monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting. <u>Equality Policy has been reviewed and updated,</u>
Welsh Language Standards being implemented.	Claire Whiles	<u>March</u> Sept 2025	<ul style="list-style-type: none"> • <u>Continue to improve capture of Welsh language skills data through 'making every contact count' approach (i.e. Staff Survey roadshows).</u> <ul style="list-style-type: none"> ◦ <u>Increase of 2.33% (currently 55.7%) registered Welsh language skills since March 2025.</u> • <u>Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner.</u> • <u>Concern raised by Welsh Language Commissioner regarding signage in Neonatal Clinic in UHW.</u> • Continue to communicate and deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.
Inclusion - Nine protected Characteristics	Claire Whiles	<u>Sept</u> March 2025	<ul style="list-style-type: none"> • <u>Development of UHB's LGBTQ+ Action Plan development on pause due to capacity, to be revisited and re-energised upon commencement of E&I Manager in September 2025, stage one engagement underway with representatives from LGBTQ+ network.</u> • <u>Initial meeting held with Welsh Government to develop actions following the Health Board's Workforce Race Equality Standards Report. UHB's Anti-racist Action Plan to be reviewed once WRES actions agreed. WRES report received by UHB, currently being reviewed and meeting with Welsh Government planned for August/September 2025 to discuss findings and proposed actions.</u> • <u>Re-assessment taking place to retain Disability Confident Leader status.</u>

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Strategic Risks – People

<p>Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.</p>	<p>Claire Whiles</p>	<p>August<u>September</u> 2025</p>	<ul style="list-style-type: none"> • Follow up meeting with Welsh Government scheduled for February 2025 to discuss next steps with WRES. • People and Culture Team working in collaboration with HEIW and Professor Michael West to review and improve culture and leadership programme implementation, monitoring and evaluation. Measures to be established and lessons learnt internally and via NHS England to be under-taken. Meeting with Portsmouth and Isle of Wight NHS Trusts <u>April 2025 has taken place and shared documents and reports in review.</u> • P&C MDT established and reviewing organisational requirements in interim. <u>Priority setting meeting scheduled for August 2025.</u> • Priority cultural work currently identified and allocated by Chief Operating Officer, EDofP&C and appropriate Executive Directors. Elements of work paused due to Service Review requirements, <u>but action plans now shared and OD/P&C input identified and in planning stage.</u> • A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the proposed development of an over-arching framework including retention, health and wellbeing and organisational development. Currently sense-checking approach in light of existing demands and pressures to assess prioritisation of framework development, e.g. OD&Culture; Leadership & Management Progress on OD, Wellbeing and Culture Framework detailed above.
<p>The People and Culture Team will identify insights from workforce data, including themes emerging from EWS, OH, People Svcs, Culture work and Staff Survey, to shape strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards.</p>	<p>Claire Whiles</p>	<p>June<u>August-Oct</u> 2025</p>	<ul style="list-style-type: none"> • Developments required to P&C Dashboard to ensure include all relevant measures, e.g. OH and EWS KPIs. Working with HEIW to improve dashboard reporting. • OH KPIs regularly reported to WG and KPIs adjusted to align with Welsh Government guidelines (i.e. calendar days). Collaboration review scheduled for August 2025. • Internal audit of OH Services moved to Quarter 3, 2025 at request of Audit Team. • NHS Wales Staff Survey 2024 <u>reporting at CB Exec Reviews and SLT. Engagement in 2025 NHS Wales Survey to commence August 2025 in readiness for launch in Oct 2025. results received and analysis under-way. Communication and engagement plan in place for 2025/26</u> • OPAS database to be implemented <u>implementation underway in within</u> EWS to support effective reporting and user experience. Licences to be procured, <u>in initial stage of handover. in April 2025.</u>

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Strategic Risks – People

<p>1. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources <p>Improve website navigation and resources</p>	Claire Whiles	JulyOct 2025	<ul style="list-style-type: none"> • A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the development of an over-arching framework including retention, health and wellbeing and organisational development. Currently sense-checking approach in light of existing demands and pressures to assess prioritisation of framework development, e.g. OD&Culture; Leadership & Management Draft OD, Wellbeing and Culture Framework and Toolkit produced and under review. To be ready for publication and engagement October 2025. • People Health and Wellbeing Services currently reviewing sharepoint pages for staff following move to Woodland House and staffing changes to ensure most up-to-date information available. Working closely with Public Health Team to ensure consistent engagement around health priorities, including vaccination. To establish wellbeing area within Viva Engage
<p>2. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) <p>Enhance training and education courses and support for new and existing managers</p>	Claire Whiles	OctJuly 2025	<ul style="list-style-type: none"> • Colleague and Manager wellbeing included in all management and leadership programmes, induction. • Will be included within leadership and management principles development and leadership programme development as above. • Management training under review and refresh to focus on wellbeing and keeping people well at work. Managing Attendance at Work training reviewed and re-launched April 2025, supported by digital learning. Positive responses to training to date – e-learning element due for launch July 2025. • Leadership and Management role to be re-advertised May 2025Successful recruitment into Head of Leadership and Management post, role will enable distinct focus on development of existing and future leaders and managers. To commence Oct 2025. • Ward Manager Programme and General Manager Programme in development to commence June 2025. Look to expand to ensure multi-disciplinary learning opportunities. Elev8 Programme to be launched to support Advancing Clinical Leadership. A multi-disciplinary programme to support Band 7 clinical leaders in order to successfully lead compassionate, accountable and improvement focused teams. To launch September 2025.

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Strategic Risks – People

<p>Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.</p>	<p>Claire Whiles</p>	<p>September 2025</p>	<ul style="list-style-type: none"> • EWS continue to offer evidence based interventions and review and enhance offer, e.g. Spring; EMDR • Operating model review and 3 year plan to be developed to support delivery of the People and Culture Plan and organisational priorities, <u>including trauma informed support and pathways.</u> • <u>A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the development of an over-arching framework including retention, health and wellbeing and organisational development. Currently sense-checking approach in light of existing demands and pressures to assess prioritisation of framework development, e.g. OD&Culture; Leadership & Management</u> • Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice. <u>Paper developed and to be presented to Management Executives in first instance.</u> • Staff Fast Track Trauma Pathway under review due to increase in waiting times, <u>draft paper for initial consideration to be discussed May 2025proposal within paper as outlined in bullet point above.</u> • Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation <u>Quarter 1 2025as part of paper detailed above.</u> • Review of EWS and OH service based upon direction of 'Brilliant Basics' to align to organisational priorities and support reduction in waiting times. To follow collaboration review (September 2025)
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Strategic Risks – Digital

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Digital	Shaping our Future Digital Services	Director Digital and Health Intelligence (D&HI)	Digital and Infrastructure	4 October 2022
Risk				
CAVUHB has legacy and deficit in human resources, skills and capability, infrastructure, applications and informatics. The digital estate has grown but the supporting resource has not. Without resourcing our Digital and Data transformation plans and Roadmap we risk the achievement of our SOFW objectives				
Cause			Impact	
CAVUHB IT and digital services are known to be historically underfunded resulting in a legacy and deficit in infrastructure, applications and informatics capability that has built up over at least a decade (e.g. our core applications for UEC, inpatients and outpatients were developed in-house-c20 years ago).			Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy.	
There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation			Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data)	
We have some capability in human resources but insufficient capacity or funding to execute the digital and data transformation plans and road map. Existing resources are fully consumed with tactical short-term on the day-to-day urgency of UHB operational needs			The impact of not managing this risk is that the improvements in safety, quality, outcomes, productivity and financial efficiency that staff and patients expect from D&HI cannot be fully realised, therefore putting at risk the deliverability of the SOFW Strategy.	
Recruitment of suitably skilled D&HI staff is a national challenge as well as affecting CAV. This often requires the use of interim agency support in key areas, especially whilst we continue with legacy solutions as we are tied to old technologies. This of itself diminishes further our existing capacity as resources need to be familiarised with the technical environment and then supervised.				
Historically CAV has looked to provide much of its core IT and digital services inhouse. This is not always necessarily the optimum route however 'legacy lock' and the resource to support forward plans keeps us where we are.				
Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.				

Strategic Risks – Digital

Uncontrolled Risk			
Impact: 5		Likelihood: 5	Gross Risk: 25
Target Risk: 20			
Controls		Assurances	
<ul style="list-style-type: none">Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC workDigital components described in IMTP – focussed on in year national and clinical board priorities£466K is being invested by CAVUHB in the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This work will complete in 12 months.The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS^[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the “All Wales” Infrastructure review.<ul style="list-style-type: none">Work is expected to begin Oct/Nov 2024.This follows positive discussions with WG IIB and NHS CDIO,		<ul style="list-style-type: none">All Controls are shared and discussed with the DHI Committee which meets quarterly.The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board.The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG’s chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentionsRecruitment and procurement is underway for the resource to produce the PBC and BJsRisk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare ⁽¹⁾Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.	
Gaps in Controls		Gaps in Assurances	
Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure and there is no headroom for innovation		Unable to currently provide assurance that the finance will be provided	
Risk Post-Controls and Mitigation			
Impact: 5		Likelihood: 4	Net Risk: 20

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Strategic Risks – Digital

Actions			
What	Lead	By	Update
Internal investment case to support the Digital Foundations case approved	Director of DHI	Sept 25	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	Dec 25	<p>External partner identified and service procured which has enabled the works to commence on the Programme Business Case. Co-production approach with all Clinical Boards and corporate services involved via workshops taking place during May and June 2025.</p> <p>July 25: Draft plans and outputs from workshops shared with Clinical Boards for comment prior to feeding into the Programme Business Case in Sept/October 25.</p>

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Strategic Risks – Infrastructure

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Infrastructure	Shaping our Future Infrastructure	Exec Dir Finance	Digital and Infrastructure	12 November 2018
Risk				
There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. The condition of facilities within our main hospitals and some community facilities are impacting on our ability to continue to provide the full range of services and provide the would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.				
Cause			Impact	
<ul style="list-style-type: none">Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B (assessed regularly on an all-Wales basis by NHS Shared Services Partnership).Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.Lack of investment in IT also means that opportunities to provide services in new and efficient ways are not always possible and core infrastructure upgrading is behind schedule.Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacementLack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.			<ul style="list-style-type: none">The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.Service provision is regularly interrupted by estates issues and failures.Patient safety and experience is sometimes adversely impacted.IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security riskMedical equipment replaced in a risk priority order where possible, insufficient resource for new equipment or timely replacementStaff facilities needed to support good staff wellbeing are inadequate in many areas.	
Uncontrolled Risk				
Impact: 5		Likelihood: 5		Gross Risk: 25
				Target Risk: 15

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Controls	Assurances
<ul style="list-style-type: none"> Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate, which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. This is being updated. Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2025/26/25 Capital Plan will be submitted for Board with the IMTP Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. This part of the Capital Management Group agenda. Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. Welsh Government has asked all NHS organisations to provide a prioritised capital programme using a weighting framework developed by the Infrastructure Investment Board. The submission date is 31st March 2024. The Health Board's submission has been scrutinised and approved through the internal governance mechanisms and is coming to the Board on 28th March for oversight. The outcome of the WG prioritisation process was confirmed and the schemes which they have indicated support include The Vascular/MTC theatres, Haematology including BMT and ITU refurbishment. Following discussions with WG colleagues the UHB are developing options for the delivery of these projects which could include an integrated new build facility. Discussion with Welsh Government regarding the Shaping Our Future Acute Hospital Programme continues, albeit that there has been somewhat of a hiatus over the last 9 months. The initial focus will be on the delivery of a master planning exercise to determine the most appropriate direction of travel to deliver new facilities to support the delivery of clinical services into the future. The tender documentation and specification is being finalised with the intention to procure a supplier by the end of 2025. 	<ul style="list-style-type: none"> The estates and capital team is in constant dialogue with WG and continues to present business cases to secure the necessary capital to address the major short/medium term service estates issues. This has proven successful in the closing months of the financial year A significant amount of end of year funding has been secured, as in previous years, and this has enabled capital investment in critical digital infrastructure in particular. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised and reporting of estates risks to the Health and Safety Committee has been strengthened(1) The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee (1) (2) IT risk register regularly updated and shared with DHCW (2) Health Care Standard completed annually (3) Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) (2) Finance and Performance Committee continue to oversee the delivery of the Capital Programme (1) Timely decision makingA way forward in relation to the Shaping Our Future Hospitals Strategic Outline Case <u>is being progressed by the Health Board</u>(3) <u>Risk Register reporting to D&I Committee</u>

Gaps in Controls	Gaps in Assurances
<ul style="list-style-type: none"> The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities. In year requirements further impact and require the annual capital programme to be re-prioritised regularly. Traceability of Medical Equipment The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners. 	<ul style="list-style-type: none"> The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year. Despite the substantial end of year capital, the recurrent position remains unchanged. Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate.
Risk Post-Controls and Mitigation	
Impact: 5	Likelihood: 4 <div>Net Risk: 20</div>

Actions			
What	Lead	By	Update
Risks to infrastructure which have been identified are developed into robust plans for mitigation. These are prioritised through our annual planning work and identified	Geoff Walsh	Annual plan	The discretionary capital is prioritised to meet our annual plan. Prioritised plan is signed off by CMG and SLB and Board. Significant risks or financial requirements are raised regularly with Welsh Government to support when necessary. WG Targeted Estates Funding received which will address some of the highest risks identified on the CEF Risk Register. Schemes which received approval have been reported to CMG and SLB
Where estate is no longer required for the provision of care or services a programme of decommission, disposal or demolition is undertaken to minimise the estate and infrastructure which the Health Board needs to maintain.	Geoff Walsh	Annual plan	Decommission priorities – Denbeigh and Carmarthen house have been vacated, and planning permission is being sought for their demolition, along with Brecknock House and the recently vacated Sports and Social club CEF are working with the Specialist Clinical Board on options to re-locate ALAS and deliver a single site option for the service Disposal plans – Whitchurch has been transferred into the ownership of the Velindre NHST Rookwood the UHB have identified a preferred bidder following a comprehensive disposal exercise and are working with them to develop the proposal, including Heads of Terms etc. The Links Building at CRI has been demolished

A condition survey will be undertaken to understand in detail the status of the Health Board estate with a view to inform a future investment priorities and estate needs.	Geoff Walsh	December 2025	The scope and plan for the condition survey have been shared with and supported by Welsh Government. The site survey work has progressed well and, the delivery of the final report is due by the end of 2025.
An acute infrastructure group is overseeing the short – medium term priorities and a programme of work is progressing Shaping Our Future in the Community Programme Board oversees the capital infrastructure requirements for community based care and a prioritised business case pipeline is in place. This work dovetails with the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.	Geoff Walsh	Ongoing	Following a review of the governance arrangements for the management and oversight of capital projects etc, it has been agreed to step down the AIB and introduce Project Boards for major schemes with less complex and lower value scheme reporting directly to CMG

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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022
Risk				
<p>If the organisation cannot produce a balanced 3-year plan or a balanced IMTP in any year it will breach its statutory financial duty and will be limited in the ability to deliver on the strategy and so the services to the population that the organisation serves.</p> <p>If the organisation cannot protect the environment and take the steps required of it regarding waste, carbon footprint and other deliverables, it will not be an efficient service and will jeopardise the health of future generations.</p>				
Cause			Impact	
<p>Finance</p> <p>The UHB has to manage its operational budget. In the absence of a 3 year approved IMTP the UHB works to One Year Operational Plans from year to year. These still require significant savings achievements within each financial year irrespective of a deficit year end projection.</p> <p>Decarbonisation</p> <p>The UHB has to achieve 16% and 34% emission savings from a 2018/19 baseline by 2025 and 2030, respectively, aligned with Welsh government targets. Additionally, the "Shaping Our Future Wellbeing" strategy targets a 40% reduction in directly controlled emissions by 2027.</p> <p>In the last calculated emission report, total emissions increased by 7% to 217,000 tonnes, while emissions under our control reduced by 7%. CAVUHB is not on track to achieve the 16% reduction target set by the Welsh government for 2025. To meet the aims outlined by UHB in the strategy, we must reduce emissions under our control by 10% annually starting since 2023/24.</p> <p>Climate Impacts:</p> <p>The world has breached the 1.5°C pathway set by the Paris Agreement in 2024. Growing evidence shows that the magnitude of climate impacts is increasing day by day, and Cardiff is projected to be one of the most affected cities in the UK. The Welsh government has made it mandatory for UHB to submit an annual qualitative report on climate adaptation.</p>			<p>Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss. Inefficient or reduced service delivery</p> <p>Decarbonisation:</p> <ul style="list-style-type: none"> UHB will not achieve its targets for decarbonisation in its current pathway and this will render UHB answerable to Welsh Government. Reputational loss due to not achieving Shaping Our Future Wellbeing" strategy's target of 40% reduction in directly controlled emissions by 2027. If the yearly emission reduction pathway is not designed and followed it will lead to risk of spending more at a later time to meet the set-out targets. <p>Climate Impacts:</p> <ul style="list-style-type: none"> Initial sift of evidence and analysis shows that, given Cardiff's growing older population along with increased climate impact, vulnerability in the region is set to rise. This translates into more hospital admissions, increased patient flow, and ultimately, increased healthcare delivery costs for UHB. Operationally, given the aging assets and assets exposed to weather events, there will be increased physical impacts on UHB's assets. 	

Currently, UHB has not undertaken a comprehensive assessment of current and future climate risks. This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation.		<ul style="list-style-type: none">As comprehensive risk assessment has not been conducted, and a climate adaptation plan to mitigate the risks is not in place, UHB’s understanding of its climate risks is limited and capacity to adapt are limited.	
Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
<p>Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation.</p> <p>Financial Plan submitted to Welsh Government in March 2024 explaining inability to deliver financial balance over the three-year period 2024-2027.</p> <p>Themed The Savings programme is managed through <u>weekly Senior Leadership Team and a series of Financial summit events fortnightly Sustainability Board</u> chaired by CEO aligned to the National Value and Sustainability Board <u>and the annual planning framework enabling actions</u></p> <p>Decarbonisation</p> <p>A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.</p> <p>SusQI has been implemented to embed sustainability in Q&I projects.</p> <p>The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales.</p> <p>Climate Impacts</p> <p>The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation.</p> <p>A task and finish group has been established to identify pathways for climate risk assessment and climate adaptation pathways.</p>	<p>The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1)</p> <p>Financial performance is a standing agenda item monthly on Senior Leadership TeamBoard with escalation to Management Executives Meeting (1)</p> <p>Financial performance is monitored by the Management Executive (1).</p> <p>Assurance from internal audit annual review of core financial controls including budgeting and planning.</p> <p><u>Senior Leadership Team is now weekly to ensure savings delivery sustainability Programme Board in place</u>, chaired by the Chief Executive.</p> <p>Additional measures implemented IY as set out in actions below</p> <p>Decarbonisation plan is developed annually and overseen by Finance and performance committee</p>

Initial conversations are being held with the MET Office to collaborate and conduct a comprehensive Multi-Risk Assessment, starting with the impacts of heatwaves on our operations.			
Gaps in Controls		Gaps in Assurances	
Decarbonisation The current financial landscape doesn't allow UHB to meaningfully develop plans to hit NHS Wales targets or the targets set out by the strategy. Given the complexity of decarbonisation actions across various departments of the UHB, there is a lack of continuous, robust monitoring. This would require the reestablishment of a digital climate change program dashboard, setting of qualitative and quantitative KPIs aligned with targets, and a seamless data collection process for all decarbonisation actions. Sustainability needs to be embedded in decision-making. The business plan template needs to capture sustainability from decarbonisation and climate risk perspectives and should be given appropriate weight.		A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.	
Climate Impacts Given the nascent stage of climate adaptation in UHB, it needs more resources to be properly explored and established. As climate risk exacerbates all existing risks, it ultimately strains UHB's finances in the future if not acted upon appropriately now. Climate Impacts needs to be included in appropriate risk registries, and risk thresholds needs to be set.			
Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 5	Net Risk: 20	

Actions			
What	Lead	By	Update
The 25/26 Quality Improvement and Efficiency Plan has been developed as part of the 2025-26 financial plan	Catherine Phillips/ Paul Bostock	Ongoing during 2025-26 Financial Year	SLT will continue to monitor the 'go further options' for the UHB. Each Clinical Board will present to SLT for 30 minutes each month on how they have progressed toward their 2025-26 QIEP targets following rapid planning events in December 2024 and April 2025. A monitoring function for all plan aspects has been developed and is being utilised in the Finance & Performance Committees during 2025-26. The monitoring reports also support all other fora in which the QIEP delivery is being discussed and supported.
The emission gap between the health board's current emission pathway and targets set by the Welsh government and the SOFW strategy is widening. Hence, the emission reduction targets, and pathway need to be reviewed.	Catherine Phillips	September 2025	A Sustainability Program Board has been established to review and monitor progress of decarbonisation actions.

Saunders Nathan
27/07/2025 09:16:36

Report Title:	Digital & Infrastructure Committee – Chair’s Report			Agenda Item no.	6.6.1
Meeting:	Board	Public	x	Meeting Date:	30.01.2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				
Main Report					
Background and current situation:					
The purpose of this report is to highlight the key issues which were raised and discussed at the Digital Health & Intelligence Committee meeting held on the 27.05.2025.					
Executive Director Opinion and Key Issues to bring to the attention of the Board					
The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.					
Capital Programme Plan 2025/26					
The following points were highlighted on the Capital Programme Plan for 2025/26:					
<ul style="list-style-type: none">• <u>Capital Resource Limit and Amendments:</u><ul style="list-style-type: none">○ The UHB benefitted from an additional £2.129m this year with a revised discretionary capital allocation of £17m.○ A Targeted Estates Investment Fund (TEF) was introduced as a continuation of the Estate Facilities Advisory Board (EFAB) scheme, which was a two-year scheme where discretionary capital funded 30% of the allocation.○ TEF funding was split into fire, infrastructure, decarbonisation, mental health, infection prevention and control, and decontamination.○ They were awarded a total of £11m - £3.3m from their contribution and £7.7m from the Welsh Government (WG).• <u>WG All Wales Prioritisation Process:</u><ul style="list-style-type: none">○ CAVUHB had submitted 23 bids for acute community and primary care projects – WG funded three business cases (ITU expansion and refurbishment, hybrid / major trauma theatres at UHW, and BMT review)• <u>UHB Discretionary Capital Prioritisation Process:</u><ul style="list-style-type: none">○ They underwent a rigorous selection process with strategic, operational, and capital planning○ The Capital Management Group (CMG) approved commitments highlighted in Table 3, including digital infrastructure, Windows 11, Wi-Fi upgrade, medical records, and CD&T refurbishment at St Mary’s○ They had forecasted an overcommitment of £0.497m against the current available allocation, to be managed throughout the year.• <u>Draft Capital Programme 2024/25:</u><ul style="list-style-type: none">○ The draft programme was detailed in Table 4 – with UHW C1 cardiology relocation being a priority with a £3.14m commitment. The table included a £1m contingency and £100k for project initiation requests.○ The draft capital programme for 2025-26 was endorsed by the CMG and Senior Leadership Board (SLB). The CMG would monitor and develop schemes to ensure the statutory obligations were met.					
Estates Risk Register					
The Estates Risk Register was presented and the following highlighted:					
<ul style="list-style-type: none">• They currently carried 59 risks rated 20+, 106 risks rated 15-20, and 65 risks rated between 12-15.• High-risk categories included high voltage load shedding equipment, roof deterioration on multi-story ward blocks, and fume cabinets with insufficient asset identification.					

- They had 19 risk registers across their service board and covered estates, capital and major infrastructure risks
- They were working with the Corporate Governance team to utilise the AMaT system to consolidate and manage risks
- Many high-level risks would be addressed this year, including ongoing internal drainage replacement
- Regular meetings were held with the compliance team to review and update risk registers
- Backlog maintenance currently stood at £175m
- WG funding provided for a comprehensive condition survey of the estate, which focused on condition and space utilisation, to be completed in the next few months.

Penttyrch Transport Task & Finish Group – Final Report

The following points were highlighted on the final report of the Penttyrch Transport task & finish group:

- The Penttyrch Surgery, a branch of Llandaff surgery, was currently in a portacabin unsuitable for modern healthcare. A new site was identified at Rhydlafar Drive, about 2 miles from the current location.
- Following concerns raised by residents and the Community Health Council / CHC (now Llais) around access, a Task & Finish Group was set up in October 2023.
- The group engaged with community representatives and the Community Transport Association to understand transport needs and explore options.
- An independent survey was conducted at the request of the community groups and modelled the potential demand of those who would have difficulty accessing the services.
- Nine transport options were considered, and two viable options were identified: a Community Transport Scheme relying on volunteers, and a taxi service.
- Llais provided feedback on the report where they outlined that the relocation of the surgery was appropriate but acknowledged the concerns of the community.
- The report was submitted to the Penttyrch Surgery Development Project Team, and the option supported was to provide a taxi service for a 12-month period to determine demand.
- A Comms & Engagement sub-group had been established to develop the process to access the taxi service, monitor, and evaluate.

Digital Roadmap and work programme update

The following points were highlighted on the digital roadmap and work programme update:

- Digital Foundations was a five-year programme with annual business justification cases submitted for WG funding.
- Current digital maturity was low, which required a pragmatic approach with a tight scope.
- Over 25 workshops were in progress which focused on developing the digital roadmap.
- The Year 1 Investment Cases agreed and the capabilities were highlighted – six business justification cases would be going in in the first year.
- Investments aimed to improve clinical outcomes, safety and quality, and attract top talent by creating a modern, technically able environment
- There was emphasis on quantifiable improvements such as reducing mortality, improving clinical safety, and driving quality improvement
- Timeline – they would write cases from July to September, internal socialisation from September to October, and then pursue acceptance and investment through prioritisation through the WG Infrastructure Investment Board
- A timeline of future capabilities anticipated was presented. They would be preparing for a national electronic health record solution by 2030.
- Additional highlights included - all staff were funded for Microsoft 365 licenses, significant investment in Wi-Fi over an 18-month programme, and the business case for Connecting Care.

Corporate Digital Risk Register

The following points were highlighted on the digital risk register:

- They were currently reviewing their risks as they transitioned to the AMaT system.

- Some national programme risks such as those related to the laboratory system (LIMS) and radiology were not reflected in their local risk register but were being mitigated by Digital Health and Care Wales (DHCW).
- Cybersecurity remained their top risk and required constant vigilance.
- Another concern was the national business case for connecting care, which may not meet their needs for mental health and critical care solutions. This had been escalated for further discussion.

Information Governance (IG) Data Compliance

The following points were highlighted on the Information Governance Data Compliance:

- The paper provided updates on key information governance performance indicators
- The IG department remained short-staffed with five whole time equivalents (wtes).
- From January 2025 – April 2025, 171 UHB IG-related incidents were reviewed, with two breaches reported to the ICO.
- Freedom of Information compliance remained at 92% with 61 requests per month.
- Medical record requests compliance had increased to 32%, though still below acceptable levels.
- For non-health records, they were compliant with 44 out of 52 requests.
- Through their National Intelligent Integrated Audit Solution (NIAS), they continued to monitor those accessing records inappropriately, working closely with People Services.
- Training compliance had dropped to 70%.

C&VUHB Digital Transformation Review - Final Project Brief Issue

The DDHI explained that the digital transformation review had not yet been given a start date. Although the draft output was expected by July 2025, this assumed an April start, which had not been confirmed by Audit Wales. The findings would potentially be presented at the following Committee.

The minutes from the digital directors peer group were noted from February 2025.

Recommendations:

The Board is requested to:

- a) Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1.	x	2.	
 Putting People First		 Providing Outstanding Quality	x
3.	x	4.	
 Delivering in the Right Places		 Acting for the Future	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No	
Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
27/07/2025 09:16:36

Report Title:	Charitable Funds Committee – Chair’s Report			Agenda Item no.		6.6.2	
Meeting:	Board		Public	X	Meeting Date:	31.07.2025	
			Private				
Status:	Assurance	X	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author:	Corporate Governance Officer						

Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the Charitable Funds Committee meeting held on the 10th June 2025.</p> <p>The papers to this meeting, outlining all of the detail on the below items, can be found on the CAVUHB website linked here. https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/charitable-funds-committee</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
<p>The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.</p> <p>Committee Chairs Action – Cardiology Research Fund: - the Committee noted the Chairs Action.</p> <p>Health Charity Financial Position & Investment Update: - The Committee were presented with the report which provided information on the year-to-date financial performance of the Health Charity for the period 1st April 2024 to the period 31st March 2025, and assessed the forecast position of the Charity including commitments already made.</p> <p>The following key issues were highlighted to the Committee:</p> <ul style="list-style-type: none"> • The value of the Charitable Funds has decreased by £0.520m from 1st April 2024 to 31st March 2025. This incorporated net expenditure of £0.543m over income and a gain in the Investment Portfolio value of £0.023m. In the current market environment, the Investment Portfolio is highly volatile. • The General Reserve was forecast to be in deficit by £0.880m as of 31st March 2025. This is a greater deficit than had been forecast due to the high levels of market volatility late in the 2024-25 financial year. <p>Additionally, the following key points were noted:</p> <ul style="list-style-type: none"> • The draft 2024-25 position of the General Fund and the projected deficit on the General Fund in future financial years. • The cashflow projection for 2025-26 and the associated impact on the Investment Portfolio. • The on-going restructure of the Charity Team and the Financial Framework which aims to enhance future resilience and sustainability of the General Funds and the Funds Held on Trust as a whole. <p>Rathbones Investment Biannual Update: - The Committee were presented with the investment update which discussed the performance of the fund, the current asset allocation, and market outlook.</p> <p>The Committee were informed that the market would likely remain volatile for the next three to six months due to tariff announcements. A recession was not expected, but strong returns were uncertain. If tariff uncertainties clear and economic data improved, market performance could become more favourable.</p> <p>The Committee were informed that in general, Rathbones would disinvest across the board to maintain the portfolio balance, unless they used it as an opportunity to rebalance the fund.</p>					

They may also have some cash or defensive assets available, which were less volatile and could be sold first if needed during poor market conditions.

It was highlighted that the Charity relied on dividend income to reduce the deficit balance in the general fund. Informing their investment colleagues now allows them to sell at an appropriate time. It was the emergency cash that was more problematic.

More Partnership Recommendations – Verbal Update: - The Committee were informed that following the More Partnership report, they had decided to proceed with hiring a Head of Fundraising. They were currently finalising the job description and aimed to interview by the end of summer. The role was pivotal for future direction and contribution to the Strategy.

The Committee provided their support during the interview and recruitment process.

Over 25k Endowment Expenditure Approvals: -

Mental Health Services for Older People (MHSOP) Replacement Lease Vehicle: - The Committee were presented with the proposal which requested £39,906.95 for a vehicle out of the Murphy Legacy, which would benefit patients with physical and mental health difficulties by facilitating transport between services and outings for rehabilitation.

It was suggested that the Director of Communications (DOC) ask the team whether they had considered whether it was more cost effective hiring a vehicle as opposed to buying one.

It was also suggested for the DOC to check with the team whether this was an electric or hybrid vehicle, in considering the UHB's carbon footprint reduction targets.

The MHSOP Replacement Lease Vehicle proposal was approved, subject to confirmation on the outlined queries.

Theatre Staff Room: - The Committee were presented with the proposal of £38,893.19 to improve the theatre staff room. A £10k allocation had already been approved, but further investment was needed for maintenance, decoration, and new furniture. This would provide theatre staff with a dedicated space for rest and downtime. Approval was pending from a fund manager who was currently on leave, so the request was in principle.

The Committee were informed that they were requesting approval for the £38k because only the fundholder could authorise it under the governance arrangements. They were currently waiting for their approval.

The Committee approved the funding for improvements to main theatres, subject to confirmation by the fundholder. Additionally, the £10,000 allocation via Chairs action from the Staff Lottery Fund was endorsed.

Health Charity Fundraising Report: - The Committee was presented the report for noting.

It was suggested that the wording of the Gambling Policy be amended to reflect the fact that the Staff Lottery could open to those on the CAV payroll.

Staff Lottery Bids Panel Report: - The Committee was presented with the report for noting.

Staff Recognition Awards: - The Committee was presented with an update on the Staff Lottery Awards which aimed to honor the work and commitment of colleagues across CAV in an in-person event. The panel had requested £40-50,000 to support the awards. Whilst some fundholders had shown limited success, they were currently waiting for approval from an endowment fundholder with a healthy balance.

The Committee were informed that this would likely go through as a Chairs Action.

Charitable Funds Committee Annual Report 2024/25: - the Committee noted the Charitable Funds Committee Annual Report 2024/25.

Recommendation:

The Board are requested to:

- a) **Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>



Putting People First

1.

Click the objective above to view more detail.



Providing Outstanding Quality

2.

Click the objective above to view more detail.



Delivering in the Right Places

3.

Click the objective above to view more detail.



Acting for the Future

4.

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involve ment	X
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		n/a
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Impact Assessment:

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route

Committee/Group/ Exec	Date:

Saunders Nathan
27/07/2025 09:16:36

Report Title:	Quality Committee – Chairs Report		Agenda Item no.		6.6.3
Meeting:	Board	Public	X	Meeting Date:	31.07.25
		Private			
Status:	Assurance	X	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author:	Corporate Governance Officer				
Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the Quality Committee meeting held on the 24th June 2025.</p> <p>The papers to this meeting, outlining all of the detail on the below items, can be found on the Cardiff and Vale UHB website linked here.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board					
<p>The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.</p> <p>Deep Dive – Nationally Reportable Incidents (NRIs): - The Committee were presented with the deep dive which provided an analysis of the key themes behind the increase in the number of NRIs, and the improvement programmes initiated to address these areas, notably the Shaping Our Future Quality Excellence (SOFQE) programme. These themes included:</p> <ul style="list-style-type: none">• MMBRACE• Endoscopy• Never Events• Lost to Follow Up• The Deteriorating Patient• Infection, Prevention & Control (IP&C)• Medication Safety <p>The Committee were informed that the NRI themes were all incorporated into the different projects, which reported into the programme board. The SOFQE programme was now embedded in the organisation and focused on learning, innovation, and transformation.</p> <p>It was noted that the ePMA implementation would address some of Health Inspectorate Wales’s (HIW) concerns, but it wouldn't cover all issues, especially around medication storage safety. Ongoing programmes and internal audits would continue to address these areas, with a focus on UHB-wide learning through the SOFQE initiative.</p> <p>Prevention of Future Deaths Update - Ref: 1051 and Ref: 1553: - the Committee were presented with an update on the Prevention of Future Deaths (PFDs), highlighting the work undertaken to address these issues with alarm monitors and falls prevention management, and the ongoing efforts to ensure safe practices across the UHB.</p> <p>The Committee was informed that their initial response to coroner’s letters was within 56 days of receiving a PFD, but they are not obligated to report further. However, they</p>					

ensured lessons were learned from all inquests and shared this information with the All-Wales Inquest Network.

IP&C Position Update: - The Committee were presented with an IP&C update which covered the goals set for various infections, the current status of these infections within the UHB, and the specific measures being implemented to improve IP&C and patient outcomes.

It was noted that the introduction of ePMA would enable better oversight of prescribing. An education tool had been developed and would be available on all PCs across the UHB and would focus on key areas like handwashing, cleaning, and prescribing.

The Committee was informed that the Chief Nursing Officer (CNO) had been preparing enhanced cleaning standards, which needed to be socialised across the organisation. There was great importance in maintaining good handwashing techniques, clean clinical standards, and proper uniform and dress codes.

It was noted that all visitors were asked to wash their hands, however due to limited staff, monitoring everybody was challenging. All patients should receive a C.diff information leaflet to share with their families, which provided guidance on handwashing and laundry. Limiting visiting times was a sensitive issue, especially since visitors often helped with patient care. Flow and capacity were major issues, and they lacked enough single rooms to meet demand.

It was concluded that staff needed to listen in equal measure. They must build a culture where everyone understands their role in improving infection contro

Clinical Effectiveness Committee Report: - the Committee were presented with the biannual report which summarised the national audits presented at the Clinical Effectiveness Committee (CEC). A common theme highlighted was data collection challenges.

The Committee were informed that the UHB were undertaking a project to assess resources for data collection to support clinical teams in audits - there was good engagement from clinical teams.

It was noted that some themes from SOFQE appeared in their national audits. It was crucial to understand their position within these audits and use the data proactively to guide decision-making. Clinical boards needed to monitor data continuously and have improvement plan to provide assurance to the CEC.

Regional Health Protection Partnership: - the Committee was presented with the Regional Health Protection Partnership plan which emphasised the importance of collaboration with local authorities and other partners to prevent the spread of communicable diseases.

The Committee were informed that they saw more communicable diseases in deprived areas and groups, and they worked closely with those working with those groups (like the CAV Health Inclusion Service and the prisons). Their vaccination plans included health inequalities plan to increase uptake and reduce differentials.

The Health Protection Regional Partnership Plan was approved by the Committee.

Vale Food Strategy: - the Committee was presented with the Vale Food Strategy which outlined the vision for a healthy and sustainable food system in the Vale of Glamorgan (VoG), and the actions to be taken to address this.

The Vale Food Strategy 2025-2030 was approved by the Committee.

Minutes from Clinical Board QSE Sub-Committees: - The Committee noted the Clinical Board QSE Sub-Committee minutes.

Joint Commissioning Committee Quality Safety and Outcomes Sub-Committee Highlight Report: - the Committee noted the report.

Internal Audit Report – Follow Up Health Roster System: - the Committee noted the report.

Recommendation:

The Board is requested to:

- a) **Note** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 Putting People First 1. Click the objective above to view more detail.		 Providing Outstanding Quality 2. Click the objective above to view more detail.	X
 Delivering in the Right Places 3. Click the objective above to view more detail.	X	 Acting for the Future 4. Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	X	Involve ment	X
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Quality Impact Assessment Completed?

Yes –		No –	X	n/a
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Impact Assessment:

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Welsh Language: No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/ Exec	Date:

Saunders Nathan
27/07/2025 09:16:36

Report Title:	People & Culture Committee – Chair’s Report			Agenda Item no.	6.6.4
Meeting:	Board	Public	x	Meeting Date:	31.07.2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to highlight the key issues which were raised and discussed at the People & Culture Committee meeting held on the 08th July 2025.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
<p>The Committee considered several important items of business at the meeting and a brief synopsis of some of the items discussed are set out in this Report.</p>					
<p>Staff Story – Belonging</p> <p>The EDPC introduced the staff story which focused on a staff member from the All Wales Medical Genomics Service (AWMGS). She explained that the staff story was from an employee named Nima, who works as a project manager in the AWMGS. She highlighted that the story emphasized the importance of employees feeling that they belong in the organization. She mentioned that the story would be relevant to the subsequent papers on speaking up safely and psychological safety, as it highlighted components crucial for people feeling that they belong in an organization.</p>					
<p>Board Assurance Framework – Workforce</p> <p>The ADPR highlighted the following points regarding the Board Assurance Framework for Workforce:</p> <ul style="list-style-type: none">• Changes to the UHB workforce over the last 12 months, noting an increase of 437 whole-time equivalent staff, with significant increases in nursing and medical staff.• An additional 287 nursing staff and additional 80 staff in medical & dental• Workforce peaked in February 2025 with 15489 WTE staff but has since seen a reduction to 15408 as of May 2025• Increase on WTE nursing staff and the premium reduction in agency nursing staff resulted in £12.2m savings (74% reduction in premium cost agency over two years)• A high number of staff joined the bank and leave the agencies• Biggest challenge was to achieve the balance between substantive and temporary staff as the current position showed CAV UHB had more graduate nurses than vacancies• A review would be done to determine the optimum vacancy factor• A survey was conducted on graduate nurses and approx. 90-95% would recommend CAV UHB a great place to work• CAV UHB lose approx. 25-30 nurses per month in turnover• CAV UHB had an increase in medical staff (80), and this had an impact on agency spend (£2.5m reduction)• The financial challenge, with the workforce representing 48% of the annual budget and a target cost reduction of £11 million for 2025-26.• Aim to reduce up to 800 WTE over 3 years					
<p>Speaking Up Safely</p>					

The DCG highlighted the importance of trust in the system and the process, which is why they procured the "Work in Confidence" system. This system guarantees anonymity and is staffed by volunteers from across the organization, known as connectors. These connectors help individuals raise issues and connect them with the appropriate resources. He mentioned that the system is used as a first point of contact for various questions, not just concerns. He provided insights into the initial data from the system, noting that while it is early to draw conclusions, the numbers are in line with expectations. He emphasized the importance of the soft aspects, such as the relationship between connectors and the HR team, and the goal of integrating this data into the quality management system to enhance organizational quality and safety.

Psychological Safety

The ADODWC gave an update and highlighted the following:

- CAV UHB were looking at how we learn and deliver better quality for our patients
- It is important for staff to raise concerns, share ideas and make mistakes without the fear of negative consequences
- The benefits of a psychologically safe environment include better patient safety, reduced stress and improved organisational resilience
- 60% of staff felt safe to raise concerns but only 44.4% believed that action would be taken
- Speaking up safely / WIC, sexual harassment procedures and the culture leadership programmes were key enablers for psychological safety
- Future plans include developing cultural safety zones, supporting team development and enhancing leadership and management training
- CAV UHB need to strive for continuous evaluation and metrics to measure the impact of these interventions
- There is often a misconception that psychological safety and accountability work against each other, but CAV UHB want high standards and develop both of these areas.

Annual Health & Safety Report

The ADHSF presented and highlighted the following points:

- The importance of having structured policies and procedures were emphasised to underpin roles, responsibilities, and accountability, which ultimately contribute to employee safety.
- There were eight regulatory inspections by Southwest Fire and Rescue Service over the last reporting period, with only minor contraventions identified. The inspectors were satisfied with the control measures in place, particularly at the Children's Hospital for Wales.
- There was a significant decrease in serious incidents, with a nearly 20% reduction compared to the previous year. However, nearly 90% of these incidents were due to over seven-day absences, which remained a concern.
- There was an increase in training compliance, except for fire safety training, which faced some challenges. The team looked to implement a different approach to improve fire safety training compliance.
- The significant investment in the fire safety team's competence, will help the UHB stay ahead of new regulations expected to come into Wales.

The Health & Safety Update / Regulatory tracker was also discussed.

Key Workforce Performance Indicators

The DDPC presented detailed slides on the key workforce performance indicators focusing on trends over the last 12 months and highlighted the following:

- Consultant and specialty doctor job planning were highlighted, noting a Welsh Government target of 90% compliance by end of September and current progress at 70%, with improvement since February
- Retention improvements, especially among healthcare support workers (down from 14-15% to just over 9%), but noted some staff groups (admin/clerical, allied health professionals) remain above the 7-9% target.
- some staff groups (healthcare scientists, medical/dental, nursing/midwifery) were below the target, and that improved nurse retention (now losing as few as 9 per month) was not fully forecasted in workforce modelling.

- Staff in post by group were referenced, noting a slight reduction since February but a large influx of registered nurses expected in coming months.
- Sickness absence trends showed the current year was below previous years, and if this continued, it would positively impact the cumulative 5.5% target.

Clinical Board Spotlight – Surgical Clinical Board

The following points were highlighted from the surgical clinical board:

- 9 directorates, regional and super-regional service delivery, and services across multiple hospital sites and community settings.
- The key strategic drivers include Shaping Our Future Wellbeing, cancer standards, GIRFT standards, and the ministerial advisory group report's 29 recommendations.
- Shared activity data: 31,500+ procedures in 2024/25 (excluding radiology and obstetrics), high volume of emergency and planned care.
- The workforce profile: 2,564 staff, largest groups in perioperative care, majority in Band 5 and Band 2, age distribution, and concerns about upcoming retirements in admin/clerical roles.
- Biggest workforce sits under nursing followed by the additional clinical services (HCSW)
- Age profile ranged with the largest age group sat at 36-40 which showed we wouldn't see a large drop off of retirement age
- Recruitment of younger staff and early career development
- Average retirement age has increased to just over 62
- Data was provided on sickness absence (noting winter spikes), VBA compliance (noting areas of high and low compliance), and job planning (noting recent improvements and new clinical directors).
- Introduction of patient flow managers.
- Opening of the surgical hub at Llandough and enhanced recovery unit at UHL.
- The first cataract list commenced in UHL on 03.07.25 and consultants asked to increase the numbers on the lists
- 24 new student streamliners joining theatres in September.
- **Emphasised communication and engagement:**
- Use of Facebook and Viva Engage for staff updates and recognition.
- Monthly bespoke training sessions for all staff groups.
- Promotion of leadership and digital readiness (nursing dashboard, Copilot adoption).
- Focus was given to the Theatres Together project
- The Staff survey revealed concerns about theatre culture with the culture review having 66 recommendations
- The staff survey showed there wasn't a place for them to use free text so theatres undertook their own survey
- A culture review was undertaken by Helen Luton & Emma Cooke and this report was shared with us and the theatre staff in May 2025
- Actions: Dedicated leadership team, project management structure, staff engagement (face-to-face, QR code feedback), and focus on foundational improvements (e.g., changing room security, WHO checklist, cleaning SOPs).
- Current challenges showed a new leadership team formation
- Vacancy approval and workforce redesign pressures continued but planned to have a fully established theatre suite of staff by September 2025
- CAV UHB recruited 25 internationally educated nurses and now work as part of the theatre team
- Nursing staff were upskilled to help give a high level of care in UHL with anaesthetic support
- Low VBA and staff survey engagement in some areas.
- Sickness absence for last year had varied through the year and spiked during the winter months and reached a absent rate of 7.5% in December 2024
- Reduced trade union visibility and senior staff sickness.
- **Good news stories:**
- Staff recognition events (Surgery Star Awards, Children's Hospital 10-year celebration).
- External awards and professorships.

- Positive media coverage (BBC Saving Lives, staff profiles).

The Social Partnership Annual Duty Report was approved by the committee during the meeting.

Lastly, the Digital Communications & Analytics report was noted.

Recommendations:

The Board is requested to:

- a) Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1.	 Putting People First	x	2.	 Providing Outstanding Quality	x
3.	 Delivering in the Right Places	x	4.	 Acting for the Future	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders Nathan
27/07/2025 09:16:36

Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	6.7
Meeting:	Public Board	Public	X	Meeting Date:	31.07. 2025
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Finance & Interim Executive Director of Planning Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Report Author (Title):	Executive Director of Finance & Interim Executive Director of Planning Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Main Report					
Background and current situation:					
<p>This report provides the Board with an update on key areas of strategic planning, commissioning, and partnership work programme. Its purpose is to give the Board assurance that actions agreed in our annual work programme or Annual Plan are being progressed and risks around delivery are being managed - it includes relevant updates in relation to the following areas:</p> <ul style="list-style-type: none"> • Strategy development and delivery • Integrated Medium Term Plan (IMTP)/Annual Planning • Regional and tertiary services planning work programme • Engagement for service change • Commissioning • Partnership planning 					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
<p>1. Strategic Portfolios and plans</p> <p>All portfolio boards have either now met or are booked in for completion by early August. Key focus for these first meetings included confirming portfolio scope, agreeing terms of reference and a review of strategic risks.</p> <p>The Management Executive Steering Committee met on the 22 May where status updates were provided, and some early dependencies identified. An Executive strategy day has been scheduled for 12 September at which SROs will present on portfolio scope and strategic alignment, key risks and a review cross cutting themes and priorities for the coming year will be undertaken ahead of a Board Development session in October.</p> <p>Alongside strategic programmes, several plans and their development will be included within the scope of the portfolios. These include Population Health, Infrastructure (estates and digital), People and Culture and Clinical Services Plans.</p> <p>The development of a Clinical Services Plan is one of the criteria for de-escalation from level 4 in the Planning domain and as such has been accelerated internally. Scope and approach and an outline document have been drafted. In addition, a timeline for development in the next 6 months. An Executive oversight group has</p>					

been established, to oversee the development of the plan and effective co production and engagement chaired by the UHB Vice Chair.

2. Annual Plan 2025/2026

On 31 March 2025, the Health Board submitted its Annual Plan for 2025/2026 to Welsh Government, which included a £30 million savings ambition to achieve a forecasted £58.2 million deficit. The plan fell short of the £9.1 million financial control total set by Welsh Government, leading to its return on 11 April as "unsupportable and unacceptable."

The Senior Leadership Team are clear on the scale of the challenge and continue to track progress against the savings plan through weekly SLT meetings.

Our current quality improvement and efficiency programme tracker shows significant progress in derisking the savings plan position.

The Health Board is required to set out by Friday 31 July, the detailed operational, service, workforce, actions that could be taken to achieve last year's outturn position and associated impacts.

The Quarter 1 Annual Plan report provides a summary of plan progress between April-June and emerging strategic challenges, alongside a more detailed breakdown of finance, workforce and performance trends in the financial reporting and Integrated Performance report.

3. Regional Planning – Southeast Wales (*Shaping our Future Clinical Services Portfolio*)

The priority areas for the South East Wales regional partnership in 25/26 are -

- Progression of Llantrisant Health Park
- Regional Ophthalmology
- A South-Central regional stroke service
- A regional Pathology service- with a focus on microbiology
- Development of a cancer programme for the region

SEW regional Joint Committee

On 2 April 2025 the Cabinet Secretary wrote to the Chairs of ABUHB, CTMUHB and CVUHB directing them to establish the "South East Wales Health Boards - Regional Joint Committee" in order to: exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working; and offer stronger strategic leadership, foster collaboration, and provide a robust governance framework to accelerate and enhance the planning and delivery of services.

The Directors of Corporate Governance for the 3 UHBs are leading on producing a term of reference (TORs) to be taken for respective Boards approval in September. A draft ToR was tested in a collective CEOs / Chairs meeting on the 17 July.

Directors of Planning have also been collectively leading a piece of work to 'prepare the ground' so that the Joint Committee can meet from a position of strength and clarity. This includes the recommendation that partners Collectively agree that a

package of organisational development (OD) be commissioned to support setting a value proposition for the new committee and take a considered view towards a desired model of collaboration.

The first Joint Committee meeting is due to take place in October, in line with the Cabinet Secretaries direction for the Committee to be established in Q3.

Llantrisant Health Park (LHP)

The LHP programme had been expecting to finalise an outline business case (OBC) for all Boards to consider in July. A full business case (FBC) was then to follow in September.

A programme assurance review was commissioned by Welsh Government in May following concerns about the LHP programmes progress. This review raised several concerns about the ongoing viability of the work in its current guise. A number of recommendations were made which CTMUHB and the LHP programme team have been acting on.

This work has resulted in a revised delivery timetable taking a three-phase which has been supported by Welsh Government in a letter dated 09 July. This consequently means;

- The first phase of the development would be the building of a Regional Diagnostic Facility and an Endoscopy unit with training facility. In construction of this facility, work would also be undertaken to develop the infrastructure for the remaining site which would enable a rapid move to construction of phases 2 and 3.
- An Outline Business Case, supported by all partners, is to be presented to Welsh Government for approval of this phase in the next 3 months, with a build timetable commencing in March 2026 and concluding at the end of 2027.
- An OBC for the elective and orthopaedic facility will then be completed before the end of 2025. Work continues on the refresh of the demand and capacity and plan development for SEW elective orthopaedics.
- The development of further business cases for the second phase of the development will continue in the Summer of 2026.

Regional Ophthalmology

The regional programme successfully delivered its objective of ensuring that as of 31 March 2025 no stage 1 across the region was waiting over 95 weeks and no stage 4 patient was waiting over 104 weeks for cataract surgery.

Moving into 2025/26 the programme has been focused on both maintaining this waiting list position. This has been done principally by the following actions –

- Seeking to treat 1890 cataracts patients by the end Q1 via existing regional service model (forecast output 1850).
- Completion of a further outsourcing tender exercise to create further capacity (exercise expected to be complete by end of July)
- Further recruitment of 6 regional agency staff
- Validation letters being sent to the 6000 patients due for treatment in Q2

Stroke

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Cardiff & Vale and Cwm Taf Morgannwg UHB's continue to build on the collectively agreed strategic direction of travel which will focus on working together to (1) maintain an acute stroke service within CTM, and (2) develop UHW as a Comprehensive Regional Stroke Centre (CRSC) for specialised care, including thrombectomy.

A key development on objective two above is the 'go live' of phase one of the Mechanical Thrombectomy Service at UHW on the 01 July. Phase 1 sees the service operate between 9am – 5pm. The first patient successfully received their thrombectomy treatment on the 1 July with an optimal outcome.

Pathology

Regional partners recognise that embarking on a significant change programme such as regional cellular pathology modernisation is a significant ask and will require appropriate resourcing. Partners have agreed what the regional desired change management model needs to look like, and further work across planning, finance and operational colleagues is now taking place to understand how this can be implemented in an affordable manner. Regional partners further agreed that when the above work has taken place there is the need to provide all partners Boards with a detailed briefing on the proposed programme due to the size, scale and complexity of the planned work.

4. CAVUHB & VUNHST Partnership (*Shaping Our Future Clinical Services Portfolio aligned to Future Generations Portfolio*)

The CAVUHB & VCC partnership planning group has now been established to focus on the development and assessment of options for future models of care, across sites in Velindre University NHS Trust and Cardiff & Vale University Health Board. A work programme will be established to identify opportunities for redesigning services to improve patient outcomes, maximising use of existing estate and ensuring service sustainability in line with national service specifications. The work will be supported by the new Deputy Medical Director at VUHNST whose role will be to enable a more strategic overview of services and support more productive regional working; they will be supported by a shared planning lead. The partnership planning will report into the CAVUHB regional planning board.

5. Regional and Specialised Services Provider Planning Partnership (*Shaping our Future Clinical Services Portfolio*)

The specialised services partnership with Swansea Bay UHB, known as the Regional and Specialised Services Provider Planning Partnership (RSSPPP), continues to meet monthly. Below is a summary of the progress across the provider partnership portfolio:

Hepato-Pancreato-Biliary (HPB) Surgery

-
- At the HPB Service Model Programme Board meeting held on 10 July 2025, it was recommended that the HPB Programme be formally closed due to a lack of support from both the Health Boards and the Joint Commissioning Committee. In light of this, it was further recommended that the RSSPPP consider the future direction of HPB services within the constraints of the existing resource envelope. Additionally, the Board agreed that an engagement exercise should be

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undertaken to help shape and inform the development of any future programmes or projects.

- Health Boards have been formally advised that the current ad hoc arrangements for managing patients with Severe Acute Pancreatitis (SAP) are unsustainable. In response, work is actively underway to develop a robust commissioning model designed to address existing service gaps. This model will focus on ensuring appropriate pathways for SAP patients who require specialist advice, clinical support, or admission to dedicated services.

Specialised Infectious Diseases Services

- The multidisciplinary inter-organisational workshop was held successfully on June 24th, 2025. The aim of the workshop was to produce a clinically informed plan to support the implementation of the service specification. The plan will be presented to the CEMT in early Q3.

Gynecologic Oncology Surgery

- The RSSPPP has approved the initiation of a project to develop a safe, effective, and sustainable service model for Gynaecological Oncology Surgery. Operational teams from both organisations are actively progressing the work, with support from the tertiary services team. Given the involvement of multiple organisations in delivering the patient pathway, planning is underway for a comprehensive stakeholder engagement exercise. This engagement is expected to take place in Q3 to ensure broad input into the development of the future service model.

6. Commissioning

NWJCC

Terms of reference for NWJCC commissioning groups and Provider SLA interface meetings have not yet been received. The commissioning and contracting teams continue to work closely with colleagues in the clinical boards, strategic and operational planning to ensure appropriate representation from across the organisation ensuring these individuals are included in the monthly commissioning group meeting and are responsible for providing appropriate briefs ahead of commissioning and provider SLA meetings.

Velindre Cancer Centre

The new Velindre Cancer Centre building work is ongoing and currently on schedule to open in Spring 2027.

Radiotherapy Satellite Unit (RSU) has opened and the first patient has been scanned and treated. The RSU is expected to be running at capacity by early Autumn 2025. There are £240k inflationary uplifts & £240k of additional posts/ costs identified which were not in the first business case. The inflationary uplift is in line with full business case (FBC) assumptions and accepted by commissioners. Work is

being undertaken to understand the additional £240k in terms of workforce, case complexity and projected volumes.

IPFR

A suite of IPFR related documents have being revised and taken through internal UHB governance processes. These include the All Wales IPFR Policy, the All Wales Prior Approval Policy, the CAV UHB Top-Up Policy and S2 Route (Planned Treatment) in the EU.

The IPFR Highlight Report for Quarter 1 is available.

7. Engagement for Service Change

Public Services Engagement and Insight Group

The group is now established and meeting bi-monthly.

Continuous Engagement

As part of our continuous engagement, we are considering the use of our “Shaping our Future Wellbeing” website and how we can potentially create a central point of engagement data that can be used to inform work.

Engagement activity will have a dedicated agenda item at each IPG meeting which will help to add awareness and scrutiny to plans.

Internal Engagement

The Head of Strategic Partnerships and Engagement (HoSPE) has recently developed a training/awareness session regarding co-production, engagement and consultation at the “Planner and Programme Managers Collaborative” - this group includes colleagues across the organisation that are involved in project/programme management and planning. The session aimed to help colleagues understand statutory duties, how we can engage effectively and to raise the awareness generally of engagement work.

As part of awareness raising, the HoSPE has also attended a number of clinical board meetings to discuss engagement processes and map out any planned service changes.

HoSPE will be delivering a dedicated Co-production, Engagement and Consultation session at ODG in July.

Welsh Government Reporting

The Welsh Government Planning Team has recently requested further information regarding planned service changes and their estimated dates to report to the Cabinet Secretary This was an urgent request with little turnaround time, but we were able to meet the deadline with support from planning and operational colleagues.

Clinical Services Plan

The engagement approach for the clinical services plan has now been designed and will be live from the 1st August for 20 weeks. The engagement will focus on high level

principles. We want to co-produce as much of the plan as possible, starting with the development of values and survey questions with our internal co-production network within Therapies.

Within the 20-week engagement we will have focused sessions on each chapter, and co-production groups for each.

Regional & Integrated Community Care System Engagement

As part of the clinical services plan, we will be able to engage on the principles of regional working and integrated community care systems. This will enable us to work efficiently and engage effectively without duplicating our efforts at a later stage.

Babies, Children and Young People Plan

From 1st August we will also be engaging on the delivery of the BCYP plan which will include a programme of school visits in September.

8. Cardiff & Vale Regional Partnership Board (*Shaping our Population Health and Place Based Partnerships portfolio*)

The Health Board continues to play an active role in the Regional Partnership Board (RPB) and over the last quarter there has been a focus on the following areas:

- 1) Phase 1 of developing an Integrated Community Care System is in progress and focusing on delivery of four main workstreams:
 - development of an Urgent Care Centre in Barry Community Hospital
 - Development of the community hospital and community bed model as part of the suite of resources supporting people to remain in their communities
 - Development of our crisis response capability to prevent avoidable admissions to EU and hospital, including an integrated delivery model for responding to falls and reducing the number of level 1 and 2 falls attending the EU
 - Development of our 'connected communities' model of care, delivering proactive coordinated care closer to home for individuals with complex need

The first phase of this is under development and will be overseen by the Population Health and Places portfolio. Support to articulate and develop the 2nd phase of the ICCS has been commissioned by the Health Board to embark on this significant transformational journey.

Cardiff and vale RPB Annual report for 24/25 has now been published and can be found [here](https://cavrpb.org/app/uploads/2025/06/Annual-Report-2024-25-Final-PDF-compressed-1.pdf). <https://cavrpb.org/app/uploads/2025/06/Annual-Report-2024-25-Final-PDF-compressed-1.pdf>

This provides a summary of the work of the RPB over the last 12 months, The Annual Delivery Plan for 25/26 has been approved and is available on request from hsc.integration@wales.nhs.uk

The RPB hosted its inaugural conference – Stronger Together - in May, celebrating the successes of the partnership and shaping its plans for the year ahead. Over 250 people attended reflecting the wide range of partners across the Region. A summary

of the day with photos and videos can be found [here https://cavrpb.org/stronger-together-celebrating-our-partnership/](https://cavrpb.org/stronger-together-celebrating-our-partnership/)

Recommendation:

The Board is requested to:

- (a) **Note** the progress being made across the Strategic Planning, Commissioning and Partnership portfolio

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	X	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	X
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	X	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	X

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

P r e v e n t i o n	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)

No – (Please provide reasoning, e.g. not required)

Comment here

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

27/07/2025 09:36
Nathan

Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

Saunders,Nathan
27/07/2025 09:16:36

Report Title:	Monitoring the Annual Plan 2025/2026		Agenda Item no.		6.9
Meeting:	Board	Public	X	Meeting Date:	31.07.25
		Private			
Status:	Assurance	X	Approval	X	Information
Lead Executive:	Executive Director of Finance and Planning				
Report Author:	Head of Strategic Planning				

Background and current situation:

Monitoring the Annual Plan 2025/2026

Monitoring our annual plan is key to ensuring we deliver our strategic objectives and meet statutory and ministerial priorities. It provides assurance to the Board that resources are being used effectively, risks are managed, and performance is actively tracked.

While our ambition is to establish one integrated dashboard and report, the current complexity of interdependent domains—spanning strategy, finance, workforce, performance, each with distinct datasets, frameworks, reporting cycles and external reporting requirements—makes full integration challenging at this stage.

To balance the need for a strategic overview of our position with the detail required for effective challenge and scrutiny across each domain, we continue to use a suite of aligned reports. Together, these reports provide a holistic view to assure the Finance and Performance Committee and Board of progress made.

These are as follows:

Component	Detail	Format	Frequency of reporting
Performance	Progress aligned to the 55 measures in the NHS performance framework and our commitments against the 17 ministerial delivery expectations within the NHS Wales planning framework	Integrated Performance Report	Monthly
Productivity and Efficiency	Measuring progress in delivering the productivity and efficiency ambitions set out in our Quality Improvement and Efficiency Plan	Quality Improvement and Efficiency Report	Monthly
Finances	Detailed financial reporting of our position against plan	Finance report	Monthly
Annual Plan Quarterly Report	Progress towards achievement of the priority deliverables set out in the plan, aligned to the strategic portfolios	Summary narrative report- Finance and Performance Committee and Board Senior Leadership Team will oversee detailed monitoring of the Annual Plan dashboard	Quarterly
Enabling Actions and Ministerial Advisory Group recommendations	Progress against plan for the 35 enabling actions in the planning framework and the 34 MAG recommendations	Report	Quarterly

The reports identified in the framework will be reviewed through the Finance and Performance Committee with escalation of key risks, exceptions or delivery concerns where appropriate.

Executive Director Opinion and Key Issues to bring to the attention of the Board:

The approach to monitoring the Annual Plan 2025/2026 set out above offers a pragmatic, structured approach to tracking delivery against our commitments. While the breadth and complexity of the plan mean that the ambition of a single comprehensive report is not currently feasible, the proposed suite of reports- spanning performance, finance, operational efficiency, strategic deliverables and enabling actions- offers a balanced and triangulated view of progress.

We remain committed to evolving our approach towards a more unified and user-friendly integrated framework.

Ongoing refinement, including further alignment of the plan deliverables with the impact on KPIs, will further enhance integration and Committee and Board-level assurance.

Recommendation:

The Board are requested to:

a) **APPROVE** the proposed monitoring arrangements for the 2025/26 Annual Plan as a proportionate approach for oversight and assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 Putting People First 1. Click the objective above to view more detail.	X x	 Providing Outstanding Quality 2. Click the objective above to view more detail.	 x
 Delivering in the Right Places 3. Click the objective above to view more detail.	 x	 Acting for the Future 4. Click the objective above to view more detail.	 x

Five Ways of Working (Sustainable Development Principles) considered

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

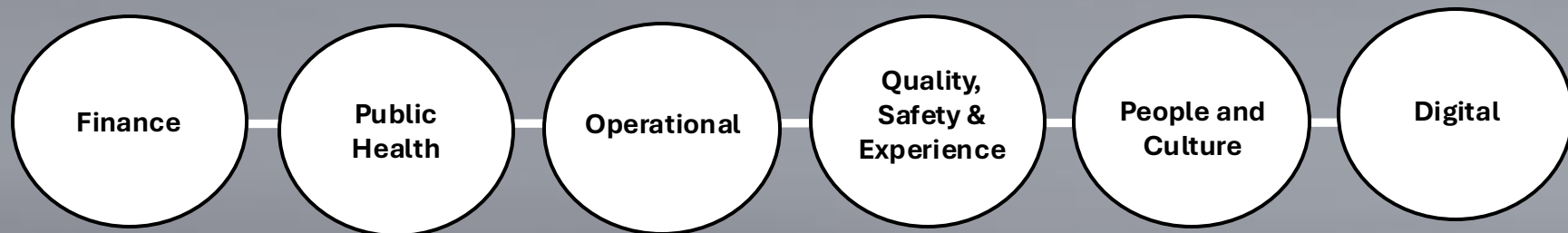
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Not applicable
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Approval/Scrutiny Route (please note anywhere else this paper has been before):

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CARDIFF & VALE UHB INTEGRATED PERFORMANCE REPORT COVER PAPER – July 2025





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The UHB's Financial Plan in 2025/26 reflected the following key components:

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	111.000
Additional Allocations	(22.768)
Savings Plans	(32.000)
Initial Planned Deficit	56.233

The initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government (WG) and the draft plan was submitted at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

At Month 3, the UHB is reporting a year to date overspend of £15.216m.

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	5,372	5,372	0	19,349	19,349	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,394)	(2,135)	259	(5,291)	(4,447)	844	(32,000)	(28,623)	3,377
Operational Variance	0	79	79	0	314	314	0	0	0
Clinical/Service Board Variance	2,979	3,317	338	14,058	15,216	1,158	56,233	59,610	3,377

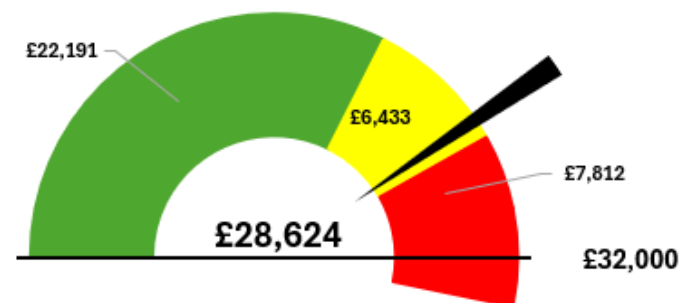
The overall £15.216m deficit at month 3 was made up as follows:

- Planning Deficit **£14.058m**
- Savings Programme deficit of **£0.844m**
- Operational Position deficit **£0.314m**.

At month 3, there was a shortfall of £3.377m against the revised £32.0m savings programme target. This will lead to a further £3.377m overspend against the planned £56.2m deficit if further schemes are not identified and delivered.

At Month 03, the UHB had identified £28.624m (89.5%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £7.812m are also identified and continue to be reviewed for progression to Green/Amber where possible.

2025/26 UHB Savings Programme: Identified vs Requirement



The reported in year gap of £3.376m in identified savings incorporates red schemes and the unidentified balance. The recurrent gap was higher at £6.666m . If further recurrent savings are not identified and delivered following month 3 there is a risk of further deterioration to the UHB's underlying deficit as illustrated below:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/26	56.233
Shortfall against Recurrent Savings Target at month 3	6.666
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	62.899

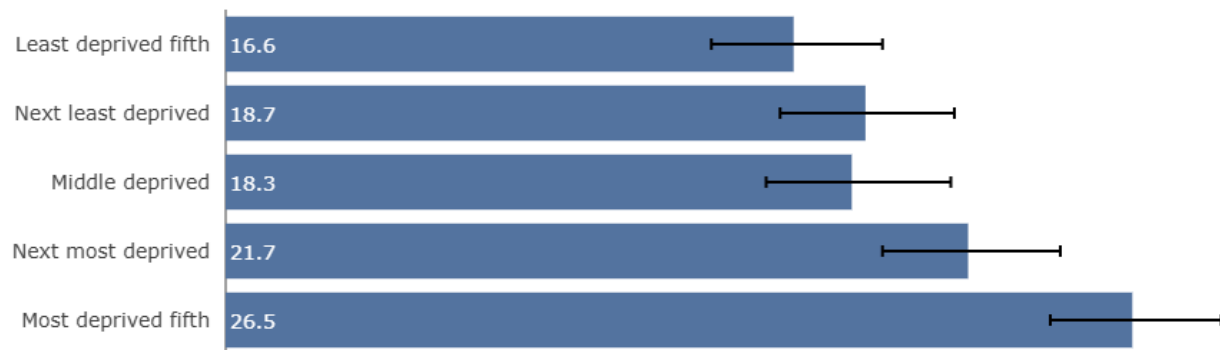
Further recurrent schemes are being developed to close the gap.

- The Child Measurement Programme dashboard has been released for 2023/24, which shows that **the difference between most and least deprived quintile for overweight and obesity of reception year children is 9.9% in Cardiff and Vale of Glamorgan:**

Figure: Percentage of children aged 4 to 5 years with overweight or obesity, Cardiff and Vale UHB, local deprivation fifths, 2023/24

Produced by Public Health Wales, using CMP (DHCW) and WIMD 2019 (Welsh Government)

— 95% confidence interval



- Comprehensive facility audit** of all spaces available for physical activity and sport within Cardiff underway to establish a shared understanding of the wide range of facilities available such as indoor and outdoor sports venues, commercial and private gyms, educational facilities including schools, colleges and universities and community spaces that support and enable physical activity. Vale of Glamorgan equivalent also planned with key stakeholders on board.
- Programme management support has been identified and allocated from the Shaping Change team to support the **Diabetes Strategic Partnership Board**. The **inpatient diabetes patient and data pathway mapping** work has commenced, with support from Shaping Change team.
- A working group is being established in partnership with PCIC to improve the **8 care processes compliance rates**. This will have pan-cluster membership and will provide an opportunity to assess the data and share best practice between practices and clusters to improve uptake in an equitable manner.
- Diabetes 'deep dive' session for Regional Partnership Board (RPB)** held on 10th June 2025. This session explored the role of the local system in addressing and preventing the increasing prevalence of type 2 diabetes, focussing on the role and opportunity for RPB partners to collaboratively shift prevention upstream for those communities and individuals at greatest risk of developing diabetes and its complications. This generated a significant amount of discussion and interest with many follow up meetings.

Vaccination

- **COVID-19 vaccination** in Cardiff and the Vale has improved with 56.66% uptake (above the Welsh average of 53.18%). We have seen significant progress in all eligible groups with over 80% of residents in care homes being vaccinated and 62.12% of over 75 years old, which is the **above the Welsh average**. Among the immunosuppressed population we have just below 40% uptake which is a notable improvement and is now **above the Welsh average**.
- To address inequalities in access and uptake of childhood **influenza vaccination**, work is underway to finalise delivery plans to offer gelatine free influenza vaccination this winter in schools alongside the nasal formulation.
- Measles is a vaccine preventable disease. Measles is a major concern at present due to the number of children and teenagers who have not been fully vaccinated. We are focussing efforts in schools to try to address this.

Tobacco

- New approaches are being explored to improve outcomes for smokers, e.g. **text messaging service** through primary care to patients who smoke.

Women's Health Hubs

- **CVUHB Women's Health Steering Group** has been established, with pan-Clinical Board representation and third sector representation. Monthly meetings are in place.
- CVUHB bid for **national pump-prime funding** for a 'pathfinder' Women's Health Hub has been submitted and has been funded this will support analysis of waiting lists and a women's health needs assessment.
- The **rapid population scoping assessment** has been completed, and a preferred 'pathfinder' first Women's Health Hub option is in development in preparation for the second round of national pump-prime funding in August.

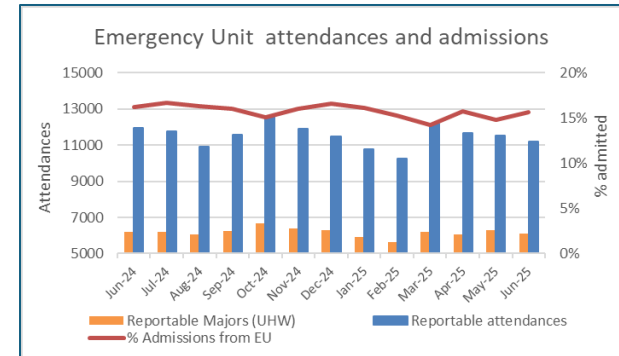
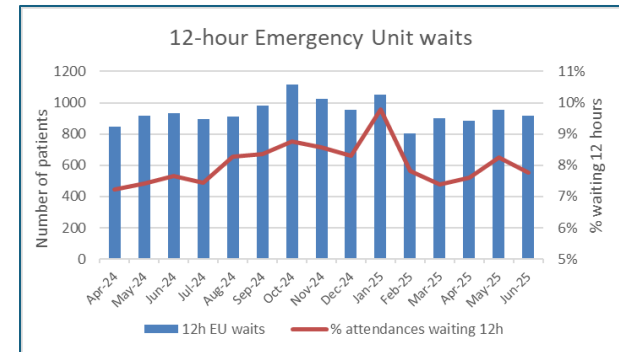
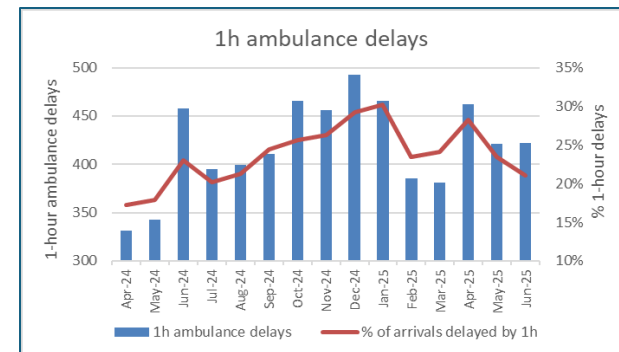
Health protection

- During June 2025, the outbreak control team responding to an outbreak of **Cryptosporidium** linked to a farm in the Vale of Glamorgan was stood down. There were a total of 89 confirmed cases. The local system worked in partnership to protect the health of the local population.
- A communications plan to reduce stigma associated with HIV is planned.

Urgent and Emergency Care – Out of Hospital and Front Door

- In June attendances at the Emergency Unit reduced slightly from those in May, a slight increase compared to June '24. The number of Majors reduced from May '25. The proportion of patients admitted via EU increased to 15.6% and is reduced when compared to June '24
- June has seen periods of significant operational pressure, impacting flow through the hospital and waits in the EU. We have a planned 'reset' week in July to allow teams to review how we are managing prolonged periods of pressure and improve the timeliness and safety of care across the system
- The number of patients waiting 12 hours or more in EU reduced in June and represented 7.8% of attendances. The number of patients waiting 24 hours in the EU footprint increased to 34, highlighting the impact of intense periods of operational pressure
- The number of 1-hour ambulance holds was unchanged from May to June – 21% of conveyances waited >1h at UHW. We saw an increase in conveyances in June and while total lost hours increased, lost minutes per arrival remained the same as in May

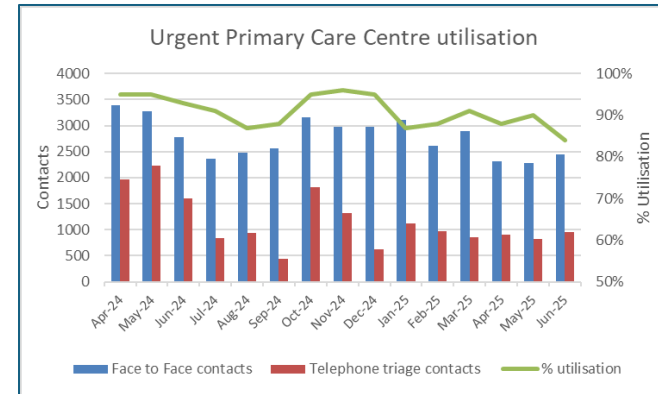
Urgent and Emergency



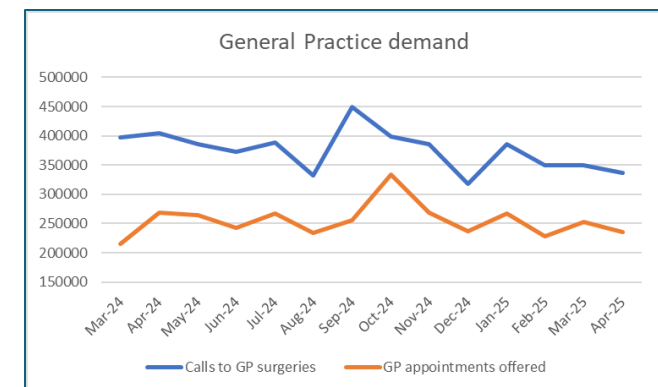
Urgent and Emergency Care – Out of Hospital and Front Door

- In June, over 2,400 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 950 patients triaged by telephone. In June 84% of the available slots were utilised
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in April fell slightly from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



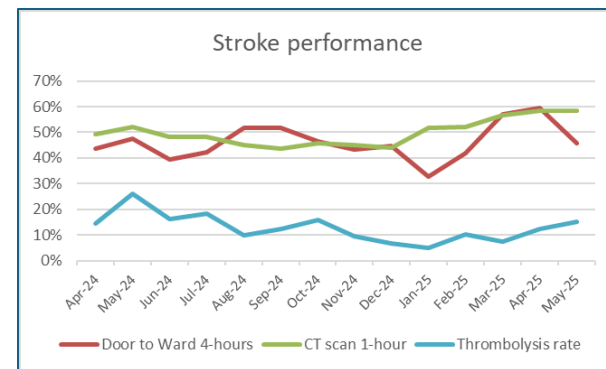
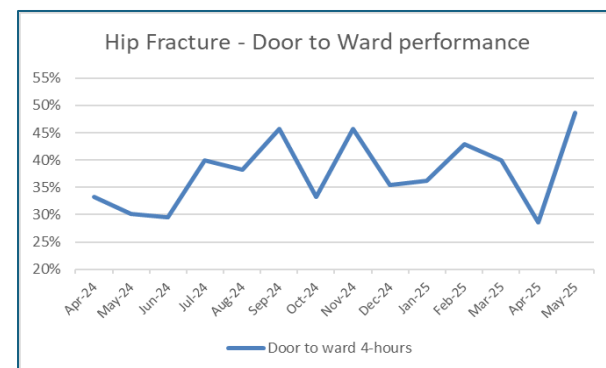
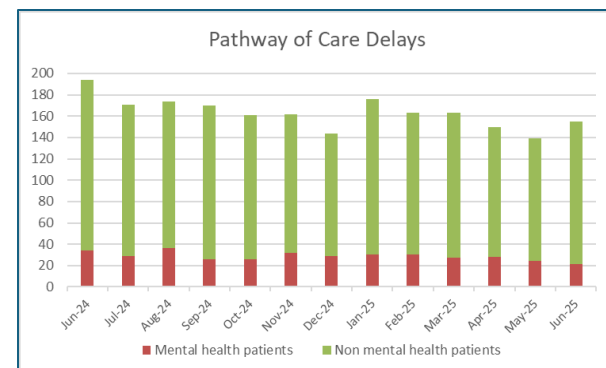
GMS activity		April 2025	Year to date 24/25
	Calls to GP practices	336,622	336,622
	Digital requests to GP practices	73,447	73,447
	GP appointments offered	235,618	235,618
	Items issued via prescription	701,751	701,751



Urgent and Emergency Care – Hospital Flow and Discharge

Urgent and Emergency

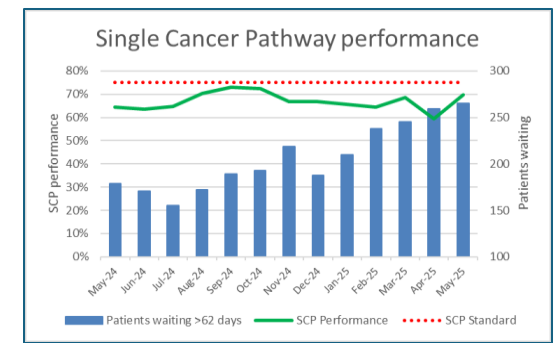
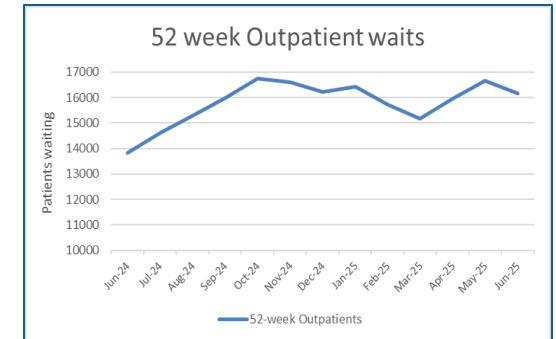
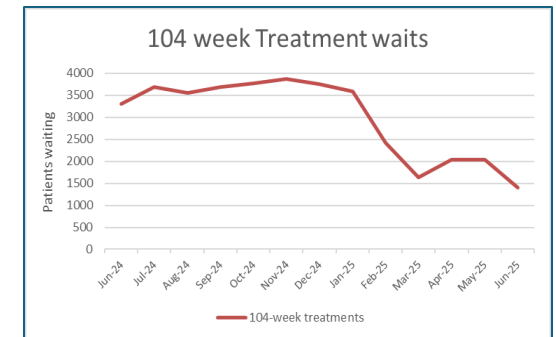
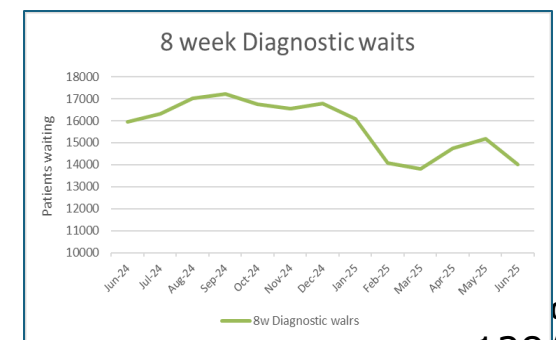
- The most recent data from May showed a deterioration in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 59.6% to 45.7% with operational pressures in EU impacting flow. 58.5% of patients receiving their CT scan within 1-hour
- In April, 49% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an improvement in performance from April and remains significantly above the national average of 9%
- Pathway of Care Delays increased in June 2025 to 155, although the number of mental health delays marginally reduced. We continue to focus on reducing delays and the length of inpatient stays.



Planned Care, Cancer and Diagnostics

- The number of patients waiting >62 days for Cancer treatment has risen since last summer, however, in May compliance with the Single Cancer Pathway standard improved to 69.6%
- The number of patients waiting 52-weeks for an outpatient appointment reduced in June 2025. We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- The number of patients waiting 2-years for treatment was reduced in June to 1,401 – we bettered our commitment to reducing to c1,595 patients by the end of Q1. We have committed to a further reduction in Q2, with our end of quarter position to be 996. The Health Board has flagged a risk to this position to Welsh Government in relation to £228k of non-recurrent funding, we await feedback.
- Diagnostic 8-week waits reduced in June 2025 to 14,007, mainly driven by reductions in Radiology waits. The Non-Obstetric Ultrasound position improved by >700, with waits in CT and MRI also improving. The 8-week position in Endoscopy improved by c100

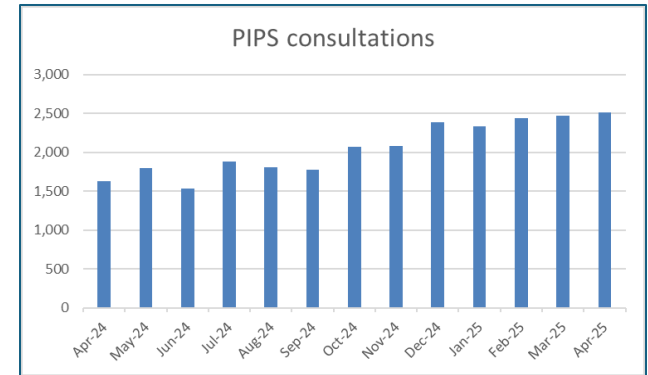
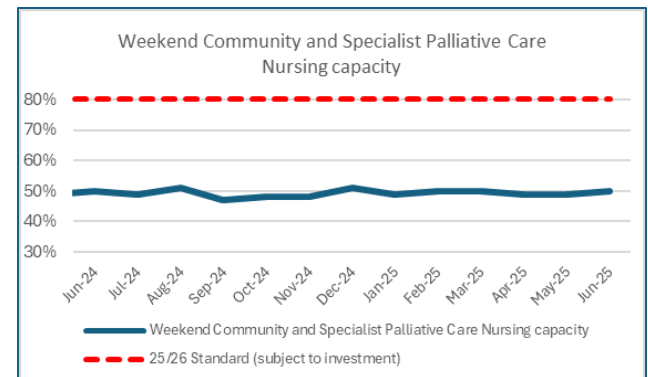
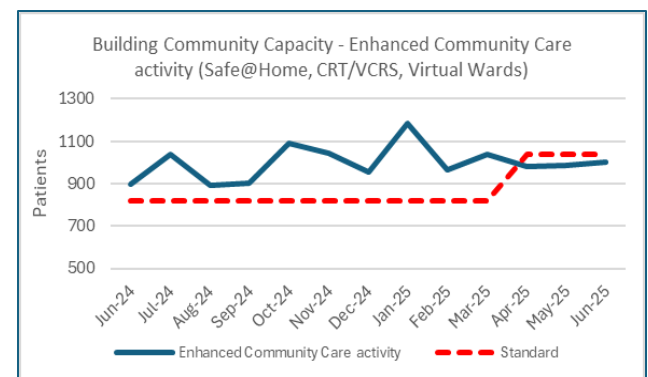
Planned Care



Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into April 2025
- The General Dental Service delivered 98.5% of the contract value in 24/25. So far 15% has been delivered in 25/26
- Community Pharmacy continues to increase the offer of the Pharmacist Independent Prescribing Service, with 2,516 consultations delivered in April 2025
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services to meet our ambition this year of a 20% increase

Primary and Community Care



Mental Health

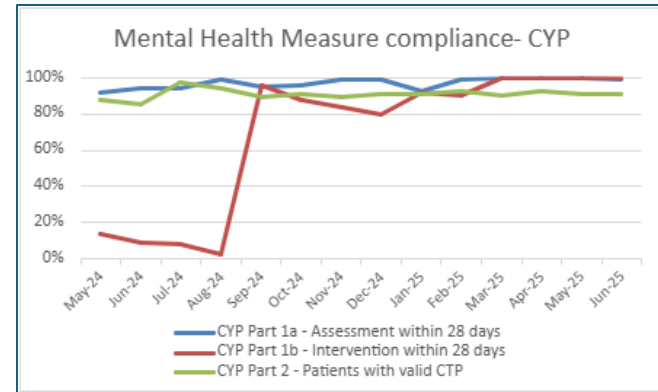
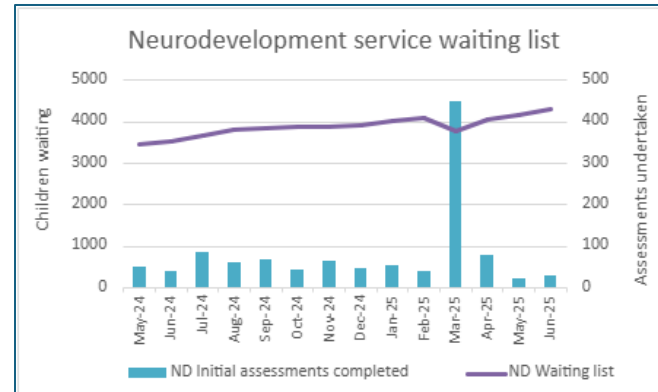
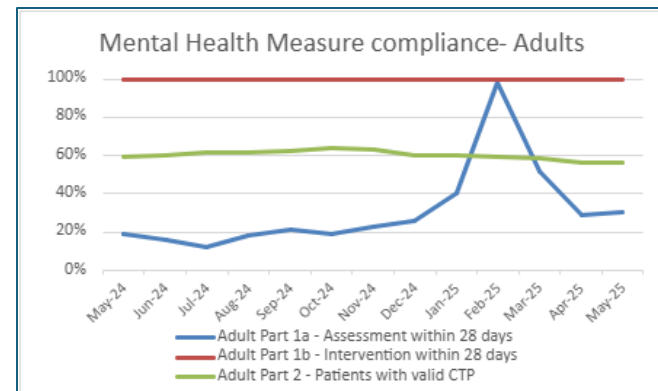
- Demand for adult, children and young people's mental health services remains high
- For Children and Young People, Part 1a and 1b remain compliant, with 99% and 100% compliance reported respectively for June 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to grow with >250 referrals in June. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity. Currently there are 107 children who have waited 3-years for assessment, trending added from next month
- For Adult and older people's mental health services, March saw a 30% increase in referrals, with a subsequent drop in Part 1a performance in April to 29.6% and 30.4% in May. Part 1b remains compliant with 100% reported in May. Part 2 compliance remained low despite ongoing actions

Mental Health Measures:

1a – assessments undertaken within 28 days

1b – therapeutic interventions undertaken within 28 days following assessment

2 – residents with a valid health and care treatment plan

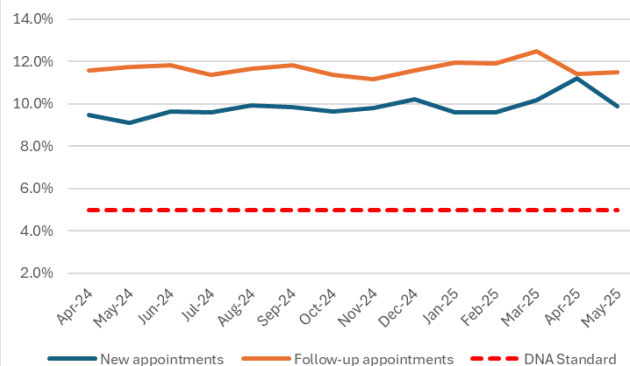


Productivity and Efficiency

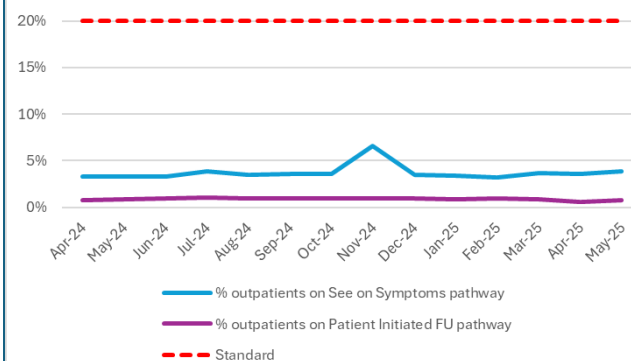
Measure		Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Trend
Outpatients	% DNAs - New appointments	5%	9.5%	9.1%	9.6%	9.6%	9.9%	9.8%	9.7%	9.8%	10.2%	9.6%	9.6%	10.2%	11.2%	9.9%	
	% DNAs - Follow-up appointments	5%	11.6%	11.8%	11.8%	11.4%	11.7%	11.8%	11.4%	11.2%	11.6%	12.0%	11.9%	12.5%	11.4%	11.5%	
	% outpatients on See on Symptoms pathway	20%	3.3%	3.3%	3.3%	3.9%	3.5%	3.6%	3.6%	6.6%	3.5%	3.4%	3.2%	3.7%	3.6%	3.9%	
	% outpatients on Patient Initiated FU pathway		0.8%	0.9%	1.0%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	
Endoscopy	% room utilisation	90%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	82%	88%	78%	88%	
	% utilisation (activity points available)	95%			84%	81%	80%	83%	85%	87%	85%	84%	81%	84%	87%	89%	
Theatres	Average turnaround time (minutes)	10	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	16.2	15.9	18.2	17.1	16.6	15.9	
	% of theatre session utilisation	95%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	85%	87%	79%	83%	
	% in session utilisation	85%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	79%	77%	80%	79%	
	<24 hour elective cancellations	N/A	243	289	247	309	249	190	363	198	217	315	295	347	237	229	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset															
	'High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset															
Waiting list	Total RTT waiting list volume	N/A	149,805	150,199	151,888	153,560	153,673	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	152,901	
Inpatient	Delayed pathways of Care - Mental Health	217	38	39	34	29	36	26	26	32	29	30	30	27	28	24	
	Delayed Pathways of Care - non-Mental Health		145	140	160	142	138	144	135	130	115	146	133	136	122	115	
	7 day LOS on Acute Wards (snapshot)	<40%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	
	21 day LOS on Acute Wards (snapshot)	<20%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	9.9	11.4	9.7	10.9	11.3	11.9	10.7	10.4	10.5	9.8	12.4	11	10.3	11.9	
Urgent and Emergency	Reportable attendances	N/A	11,484	12,102	11,930	11,773	10,926	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	11,517	
	Reportable Majors attendances	N/A	6,186	6,477	6,179	6,182	6,053	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	6,297	
	Reportable EU admissions	N/A	1,922	1,833	1,847	1,865	1,778	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	1,708	
	SDEC attendances	N/A	1,625	1,700	1,638	1,699	1,736	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	1,779	
Mental Health	TBC	TBC - will be added from August															

Productivity and Efficiency

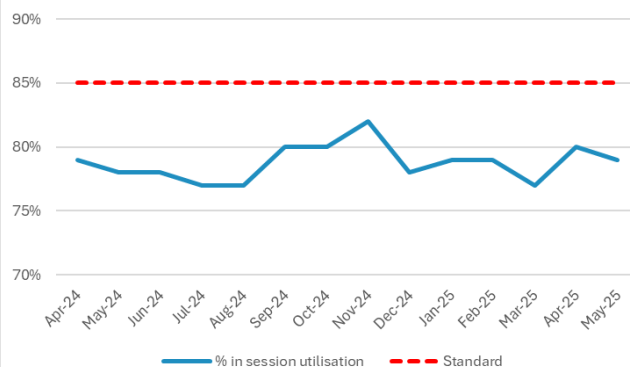
DNAs



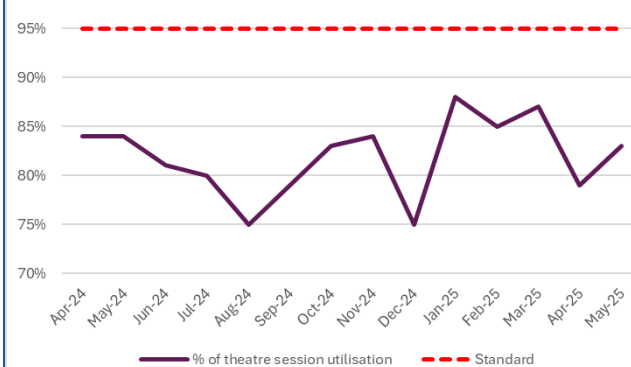
SOS and PIFU pathways



Theatre in-session utilisation



Theatre of-session utilisation



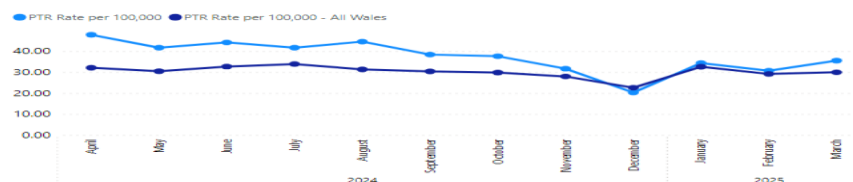
Quality and Patient Experience

- **Concerns Handling:** Delays in response times monitored over each month
 - **Action :** We have Piloted an enquiries line to address any issues at the earliest opportunity and to date approximately 30 concerns are being processed daily
 - Difficulty to book or change an Outpatient appointment
 - Dental portal access issues
 - Waiting times
 - Wanting to expedite appointment/referrals
- We are discussing with these areas their accessibility and the need for multiple ways for contact to be made, acknowledged and actioned.

Quality,
Safety and
Experience

- The graph presents a comparative analysis of the **Putting Things Right (PTR) concerns rate per 100,000 population** for **Cardiff and Vale University Health Board (CVU UHB)** against the **all-Wales average** over a 12-month period. **January to March 2025:** The new year saw a resurgence in concern rates. Both CVU UHB and the Welsh average experienced an upward trend, with a notable spike in **January** where the rates nearly intersected in the **mid-30s**. This was followed by a slight decline and stabilisation through **March**.

CVU UHB - PTR Concerns per 100,000 population



Quality and Patient Experience

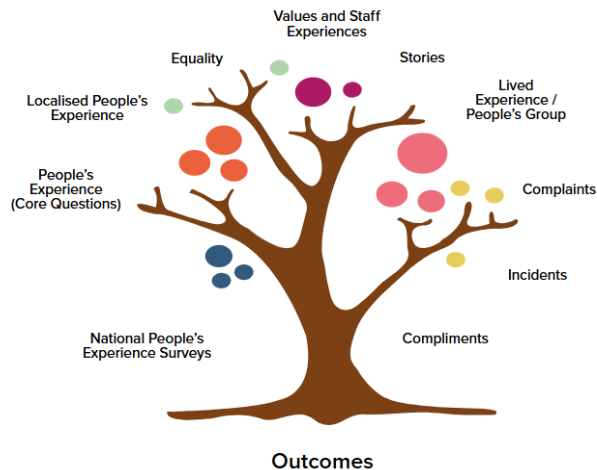
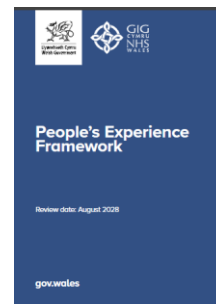
•Patient Feedback (Civica):

- 178,000+ texts sent since Oct 2022; 15% response rate.
- June 2025: 84% satisfaction among respondents.
- **Action:** Focus on increasing response rates and leveraging insights for service improvement through you said we did and sentiment analysis

The focus is upon what do we do with the feedback and triangulation of the feedback in line with People's Experience Framework and the Duties of Quality and Candour

Quality,
Safety and
Experience

Listening, Learning and Improving Tree





Duty of Candour: The Duty of Candour requires all NHS organisations in Wales to:

- **Be open and transparent** with patients when something goes wrong during their care that causes **moderate or severe harm or** has the potential to do so.
- **Apologise** to the patient or service user.
- **Explain** what happened and why.
- **Support** the individual through the process.
- **Investigate** the incident thoroughly.
- **Learn and improve** to prevent recurrence.

This duty builds upon the existing *Putting Things Right* framework, which has been in place since 2011

- 87 incidents triggered between Jan–June 2025.
- Common causes: avoidable harm (falls, pressure damage, medication errors).
- There is a focussed training being implemented across the UHB focussing upon Fall preventions, risk assessment and the appropriate use and on-going assessment of enhanced supervision

Quality,
Safety and
Experience

Infection Control:

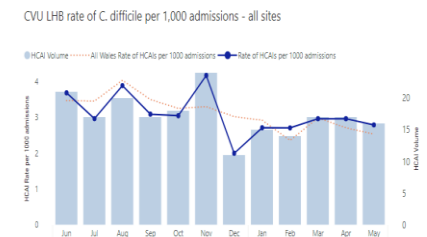
Cardiff and Vale University Health Board (CAV UHB) has several performance metrics and initiatives that can be compared to other health boards in Wales. **Infection Control:**

- Clostridioides difficile:** CAV UHB has the 2nd lowest rate of Clostridioides difficile among the 6 acute Health Boards in Wales. The number of cases is 33 lower than the same period in 2024/2025.
- MRSA:** CAV UHB has the highest rate per 100,000 population among the 6 acute Health Boards, with the current number of cases being 2 over the reduction expectation.
- MSSA:** CAV UHB is performing better than the previous year, with 21 cases compared to 32 cases last year, and currently has the second lowest rate per 100,000 population.
- E.coli:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 43, lower than the same period last year.
- Klebsiella spec's:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 15, lower than the same period last year.
- PAER:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 1, the same as the same period last year

Fluctuations: The rate of C. difficile infections fluctuates over time, with notable peaks in August and November 2024.

Significant Drop: There is a significant drop in December 2024, followed by an increase in January and February 2025.

This chart provides an overview of how C. difficile infection rates and volumes have changed over the year across all sites within CVU LHB



Quality,
Safety and
Experience



Infection Control:

Brilliant Basics promotes shared responsibility for infection prevention and patient safety, aiming to embed these fundamentals into daily practice across the organisation.

1. Your Hands – CLEAN

- Follow the **Five Moments of Hand Hygiene**.
- Gloves are not a substitute for handwashing.
- Maintain a **bare below the elbows** policy.

2. Your Uniform – SMART

- Adhere to the updated **Dress Code Policy**.
- Wear clean uniforms; avoid wearing scrubs outside clinical areas.
- Theatre scrubs must remain within theatre environments.

3. Your Technique – SAFE

- Use **Aseptic Non-Touch Technique (ANTT)** consistently.
- Treat every patient interaction as a potential infection risk.
- Follow correct procedures and seek help when unsure.

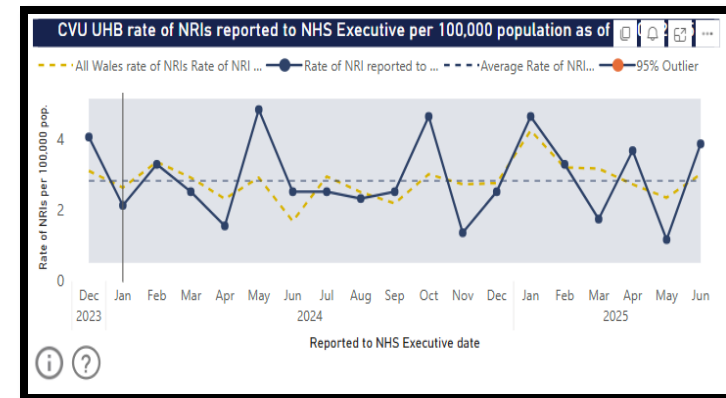
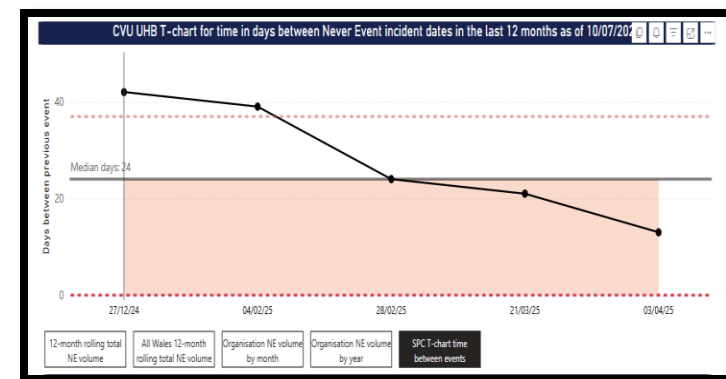
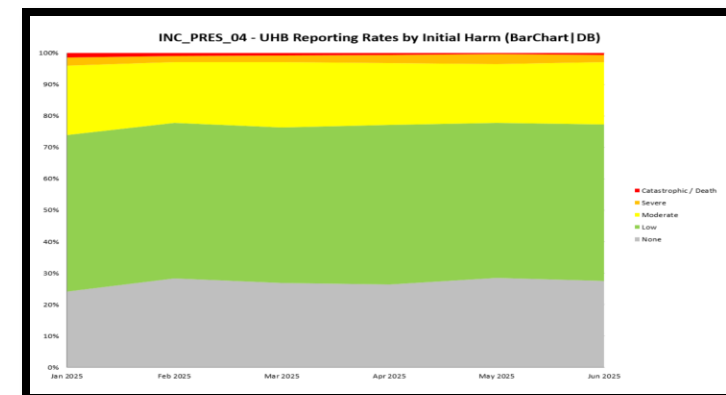
4. Your Standards – SURE

- Maintain high standards at all times, even under pressure.
- Be vigilant and report concerns.
- Empower staff to challenge lapses in quality constructively.

Quality,
Safety and
Experience

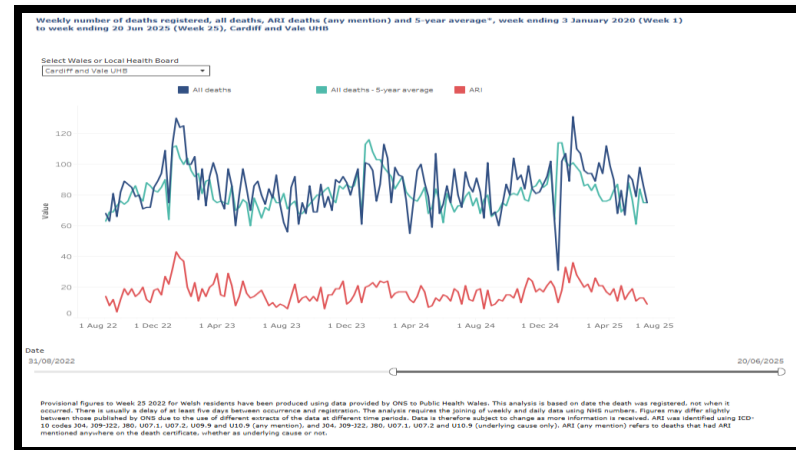
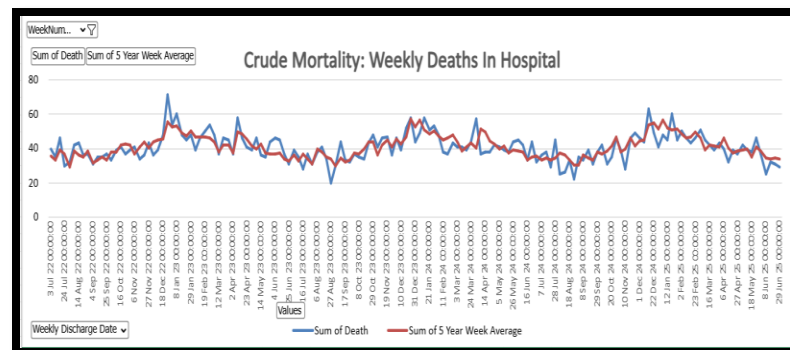
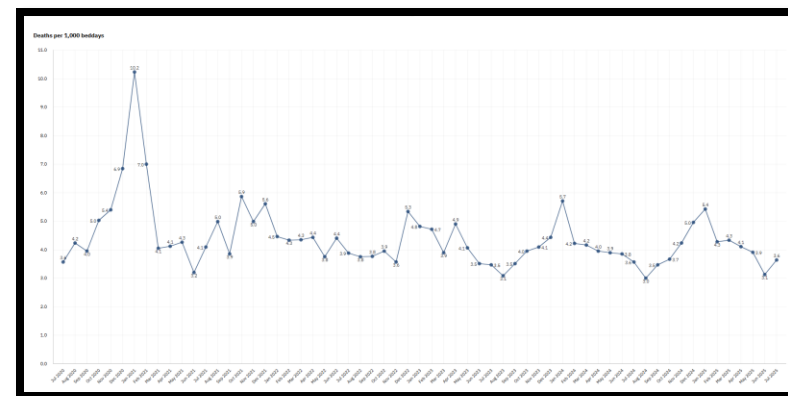
Quality, Safety and Experience

- We continue to report Nationally Reportable Incidents at a rate in line with the national average. In April 2025 we reported 3.67 per 100,000 population compared with 2.69 per 100,000 across Wales. Ten NRIs were reported in total during April.
- The Shaping our Future Quality Excellence Programme has four programme boards that are addressing the most commonly reported themes emerging from NRIS. Care of the deteriorating patient, lost to follow up, Infection prevention and control and medication safety. The July programme board meeting noted significant progress against the deteriorating patient workstream Plans for the implementation of NEWS by the end of the July 2025 on track. The UHB approach to implementing a quality Management System is being presented to the UHB senior leadership Team this month.
- The Theatres Together improvement work is progressing the first tranche of improvements, focusing on redesign and standardisation of the anaesthetic rooms, securing the female changing areas, standardising deep cleaning protocols and refurbishing the staff room.
- The WHO collaborative met again on 17 July to work with colleagues in the peri operative directorate and other clinical areas undertaking invasive procedures to commence work to develop WHO checklist whiteboards.
- On the last day of June 2025, there were 2725 incidents that had not been reviewed within 30 days. From August 2025, one day a month will be dedicated to providing in person support to manage patient safety incidents in an effective and timely way.

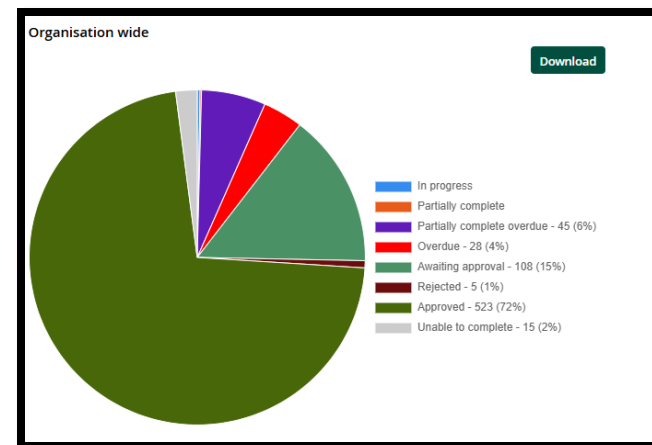


**Quality,
Safety and
Experience**

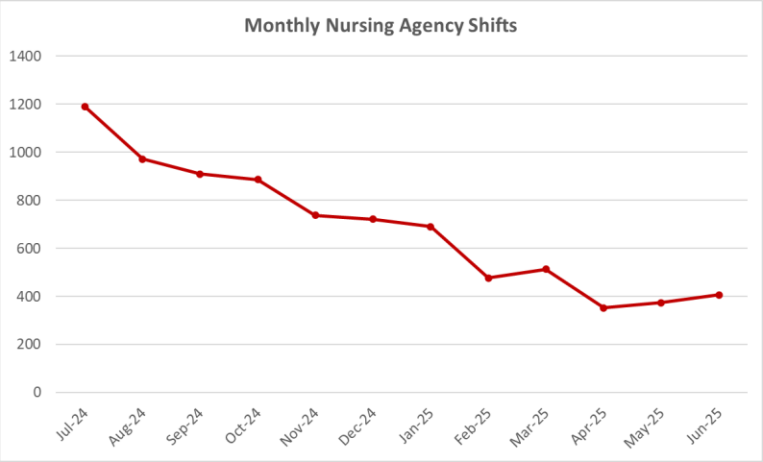
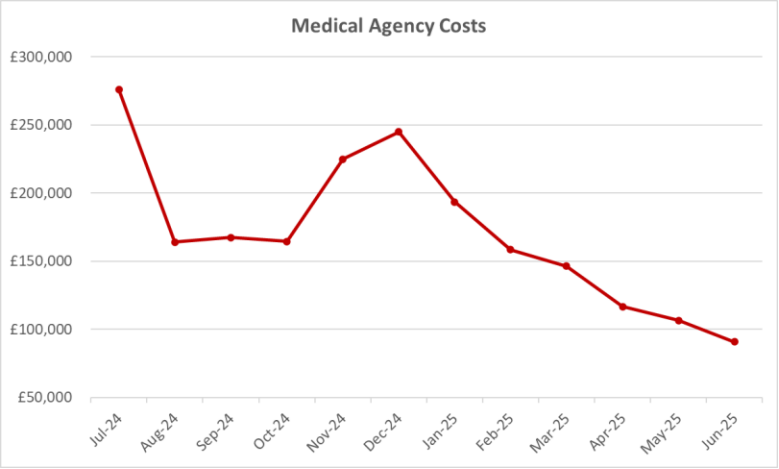
- The all-cause mortality rate across Cardiff and the Vale remains inline with the five-year average with a reduction in deaths from acute respiratory infections observed since February 2025.
- Medical Examiner reviews have identified a recurring theme round the application of mental capacity. The MCA team have undertaken reviews of 59 cases over a 12 month period, contributed to four mortality and morbidity review, contributed to two adult practice reviews and lead on the development of a further review. Through their involvement they have revised the documentation and associated supporting for mental capacity assessments and have delivered associated training. The team also deliver half day training programmes of the practical application of the Mental Capacity Act and have developed two Seven Minute Briefing sessions that are being delivered to clinical teams and forums across the UHB.
- The development of a standardised Mortality and Morbidity tool hosted on the UHB governance system AMaT is complete and plans are being made to trial in endoscopy and Vascular surgery.
- Work is underway to standardise mortality and morbidity reviews across the UHB. An M&M module is being implemented on the UHB AMaT system with work being undertaken with clinical teams to develop a review proforma.



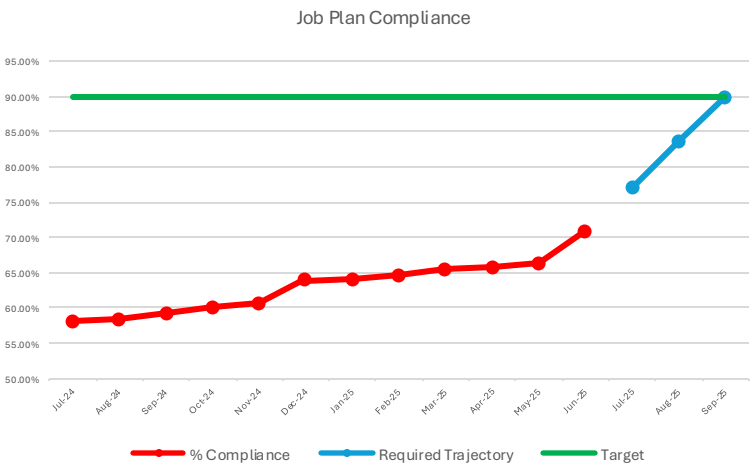
- Improvement plans associated with Health Care Inspectorate Wales Inspections and reviews are hosted on the UHB quality management System AMaT.
- A planned mental review was undertaken in the Hamadryad Community Mental health Service on 26 and 27 March 2025, and the report was published on 27 June 2025. The reported noted that the Hamadryad Community Mental Health Team supported a high number of service users who self-presented. The inspecting team observed positive and caring conversations between staff and service users. An improvement has been developed to address the recommendations resulting from the review and includes improvements in documentation provision of information about advocacy and recruitment and retention of staff.
- An unannounced inspection of Maple ward was undertaken on 14 15 and 16 April 2025. The report will be published on 17 July 2025.
- An unannounced inspection of Elizabeth Ward , St David's Hospital was undertaken on 30 April and 01 May 2025. The report will be published on 1 August 2025.



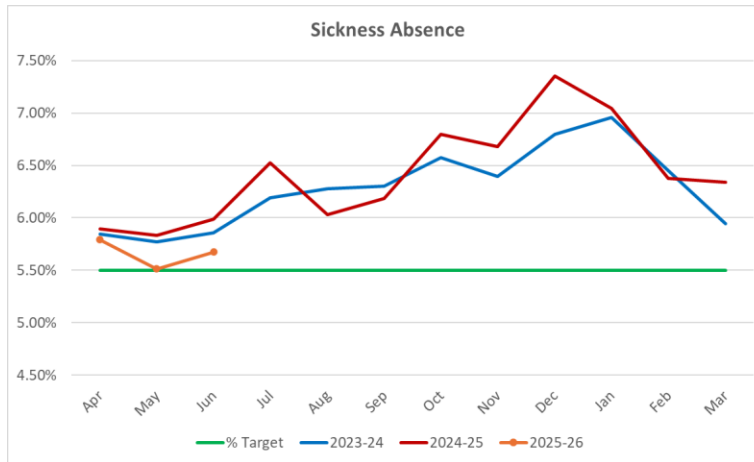
Agency Reduction continues to be a key focus, aligned to the WG Enabling action for 25/26. The graphs below show the shift reduction for the Nursing workforce and the reduction in expenditure for the Medical workforce



People and Culture



Improving job planning compliance is a key priority, WG enabling action is to **ensure > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025**. The plan to improve the position is monitored on a fortnightly basis as part of the agreed Medical & Dental workplan. Compliance has increased from 65.88% in March 25 to 70.93% in June 25.



Improving Wellbeing and Attendance is a key priority for 2025/26. Actions taken include:

- Sickness absence rates are following the normal yearly absence trend but are below the rates for previous years from 5.83% in May 24 to 5.51% in May 25.
- The Managing Attendance at Work (sickness) training has been revised and relaunched. A digitalised module-based refresher training is being developed.
- Each Clinical/Service Board are running monthly sickness panels to monitor attendance at work.
- Primary reason for absence is Anxiety, Stress and Depression – Targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.

(n.b. the absence rate for the most recent month is subject to revision. Due to the enhancement date cutoff for nursing staff whose absence is managed using HealthRoster the absence for the first 2 weeks only of the previous month has been imported into ESR. It is common to see an increase of circa 0.50%-0.75% when the data is refreshed)

Leadership and Management:

In line with our Brilliant Basics approach, we have focused on strengthening leadership capability as a foundation for delivering safe, effective care — even in the face of significant operational and financial pressures. Key achievements this year include:

- Designed a 12-month development programme for Band 8B and 8C operational leaders, delivered in collaboration with ABUHB and CTMUHB, to build regional resilience and leadership capability.
- Co-developed Elev8 — a multidisciplinary programme to support Band 7 clinical leaders in leading compassionate, accountable, and improvement-focused teams.
- Created an OD, Wellbeing and Culture Framework and Toolkit to help leaders foster healthy, high-performing teams.

Digital Health Intelligence

Work continues improving our digital infrastructure and providing access to appropriate tools and devices. Our digital roadmap is being developed as part of our Digital Foundations Programme.

Digital Foundations – Update

- Over 40 workshops completed which inform a 5 year roadmap to support the programme business case and business justification cases. This includes a number of deep dives into specific areas with a range of clinical colleagues.
- The roadmap is being mapped to HIMSS EMRAM Digital maturity Levels 2 and 3 as a measure of improvement.
- The Programme business case and associated business justification templates are now being populated.
- Demos completed to inform Clinical Notes functionality requirements.
- Benefits presentation templates being created.
- Director of Capital Estates & Facilities is arranging a scoping meeting with WG capital representative
- Director of Digital & Health Intelligence, discussed with WG digital colleagues, to ensure they are sighted on and aware of the plans to seek All Wales major capital funds, for the 2026/27 via a number of business justification cases.

Digital

Digital Operations – Update

- The consolidation of Cardiff and Vale UHB's Digital Operations teams into a single site at UHW is complete and will enhance operational efficiency, collaboration, and service delivery. This enables better access to shared resources, improved communication between teams, and reduced travel between locations. Security enhancements, including TDSI-controlled access, have been implemented to safeguard sensitive equipment and data.
- The Telecoms team has been progressing the implementation of Microsoft Teams Voice, upgrades to the InAttend switchboard and a ward audit to support the BCS directory replacement. They are also trialling Vocera Messaging and its mobile app.
- The Server team has focused on expanding storage and beginning data migrations from legacy servers, progressing the Network Attached Storage (NAS) solution rollout, and preparing the UHL disaster recovery site. They've also been actively managing server inventory and asset data, refining documentation and SOPs. The team is working to decommission older infrastructure and ensuring alignment with the Digital Foundations programme.
- The Windows 11 upgrade project continues to gain momentum, with over 1,072 devices now deployed and a full project team, including 12 additional temporary staff commencing this month.

Digital Service Management – Update

- Connecting Care - this is the replacement of our 20yr old PARIS electronic patient record system used by Community and Mental Health and Integrated services. Access to funding is via DHCW to WG. This programme continues to be a High risk to CaV, given the absence of a clear funding route.
- Digital Care Region – This programme orchestrates digital integration across RPB organisations. A summary care viewer is live and delivering value to multiple front-line services, reducing their need to login to multiple care record systems, and improving their holistic awareness of the patient/client. Shared Care Viewer is being reset onto the Amazon cloud.

Digital

Recommendations:									
The Board is requested to: a) NOTE the year-to-date position against key operational performance indicators for 2025-26 and the update against the operational plan programmes.									
Link to Strategic Objectives of Shaping our Future Wellbeing: Please place an “x” in the below boxes where relevant – <i>Please visit: https://shapingourfuturewellbeing.com for more information</i>									
1.  Putting People First		2.  Providing Outstanding Quality	X						
3.  Delivering in the Right Places	X	4.  Acting for the Future							
Five Waves of Working (Sustainable Development Principles) considered: Please place an “x” in the below boxes where relevant									
Prevention		Long Term		Integration		Collaboration		Involvement	
Quality Impact Assessment Completed? Please place an “x” in the below boxes where relevant									
Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	X	Not Needed					
Impact Assessment:									
Risk: No					Reputational: No				
Safety: No					Socio Economic: No				
Financial: No					Equality and Health: No				
Workforce: No					Decarbonisation: No				
Legal: No					Welsh Language: No				
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec		Date:							

Cardiff and Vale Integrated Performance Report

2025/26

July 2025

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Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Timely access to care
- Population health and prevention
- Building community Capacity
- Mental health access
- Women's health

Further to these priority areas the Welsh Government and NHS Wales have identified Key Delivery Expectations across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	155 Jun-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly	>2,565	Yes	Q2	2,516 Apr-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly	>51% Increase from 24/25	No	Q4	50% Jun-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care National standard/ambition: Meet and exceed 24/25 requirement where possible (24/25 baseline) Reporting period: Monthly	1,038 20% increase from 24/25	Yes	Q1	1,001 Jun-25	Hyperlink to section

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes National standard/ambition: Increase Reporting period: Monthly	48%	Yes	Q4	46.1% Jun-25	Hyperlink to section
Mental health access	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% May-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	30% May-25	Hyperlink to section

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly	<400	No	Q4	373 Jun-25	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly	<750	Yes	Q4	919 Jun-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	1,401 Jun-25	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly	75%	No	Q4	69.6% May-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic National standard/ambition: Zero Reporting period: Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	14,007 Jun-25	Hyperlink to section

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Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

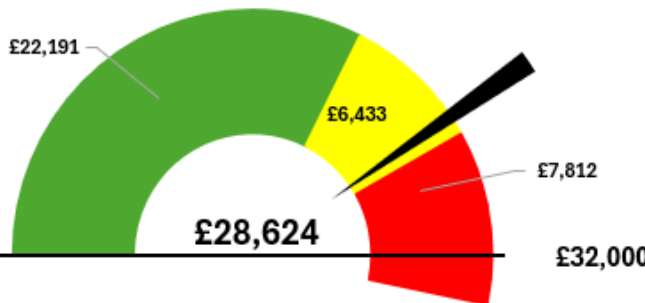
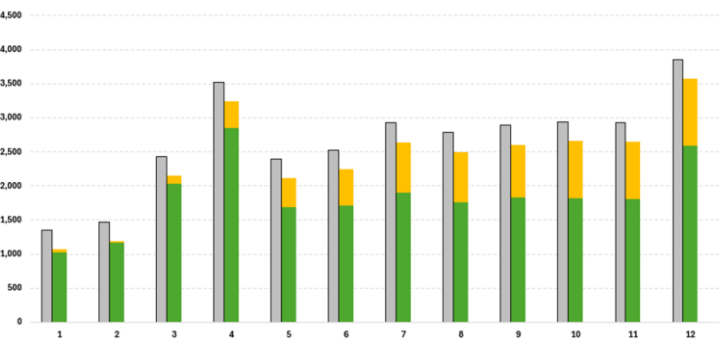
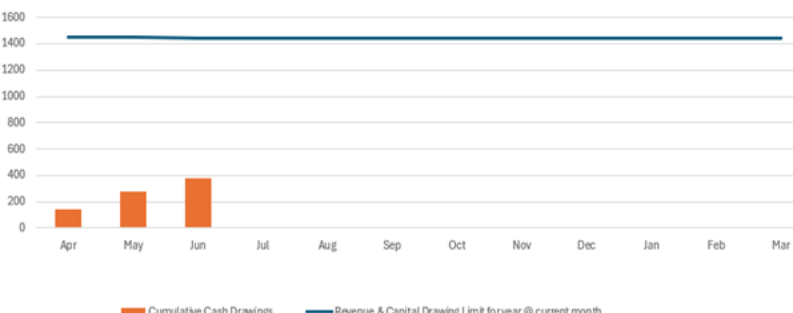
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

[Return to Main Menu](#)

Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	<div>Urgent and Emergency Care</div> <div>Inpatient Flow, Discharge and Front Door</div> <div>Alternatives to Admission</div> <div>Community and Urgent Primary Care</div> <div>Priority Services</div> <div>RTT Waiting Times</div> <div>Planned Care</div> <div>Cancer, Diagnostics and Therapies</div> <div>Primary and Community Care</div> <div>Whole System Evaluation and Supporting Patients Whilst Waiting</div> <div>Mental Health</div>
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	<div>Quality, Safety and Experience</div> <div>Financial Performance</div>

Financial Performance

Priority	Performance Summary	Reported Period	Data																																																				
Deliver 2025/26 Draft Financial Plan	<p>The UHB’s Financial Plan in 2025/26 reflected the following key components:</p> <table><tr><th>Planning Assumptions</th><th>(£m)</th></tr><tr><td>Brought Forward Underlying Deficit</td><td>59.900</td></tr><tr><td>2025/26 Demand/Cost Growth/Improvement</td><td>51.100</td></tr><tr><td>Draft Deficit</td><td>111.000</td></tr><tr><td colspan="2"> </td></tr><tr><td>Additional Allocations</td><td>(22.768)</td></tr><tr><td>Savings Plans</td><td>(32.000)</td></tr><tr><td>Initial Planned Deficit</td><td>56.233</td></tr></table> <p>The initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government (WG) and the draft plan was submitted at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.</p> <p>The submitted plan projects a deficit for the financial year and therefore a failure of the UHB’s statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.</p> <p>The overall position at month 3 was a £15.216m deficit as outlined in the table to the right.</p>	Planning Assumptions	(£m)	Brought Forward Underlying Deficit	59.900	2025/26 Demand/Cost Growth/Improvement	51.100	Draft Deficit	111.000			Additional Allocations	(22.768)	Savings Plans	(32.000)	Initial Planned Deficit	56.233	June 2026	<table><tr><th></th><th>Plan YTD (£m)</th><th>YTD (£m)</th><th>YTD Variance to Plan (£m)</th></tr><tr><td>Draft Plan</td><td>19,349</td><td>19,349</td><td>0</td></tr><tr><td>Quality Efficiency Improvement Plans - Savings</td><td>(5,291)</td><td>(4,447)</td><td>844</td></tr><tr><td>Operational Variance</td><td>0</td><td>314</td><td>314</td></tr><tr><td>Clinical/Service Board Variance</td><td>14,058</td><td>15,216</td><td>1,158</td></tr></table>		Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Draft Plan	19,349	19,349	0	Quality Efficiency Improvement Plans - Savings	(5,291)	(4,447)	844	Operational Variance	0	314	314	Clinical/Service Board Variance	14,058	15,216	1,158																
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Return to financial balance and approved IMTP status	<p>£56.2m underlying deficit by end of 2025/26 financial year. The UHB is reporting savings gap of £0.844m and an operational deficit of £0.314m at Month 3. The savings gap and operational pressures would lead to an increase in the underlying deficit in 2025/26 if further savings or mitigating actions are not identified as the year progresses.</p>	June 2025	<div><p>Planned Deficit vs M03 Position £'000s</p><table><tr><th></th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th></tr><tr><td>Planned Deficit £,000s</td><td>4,686</td><td>10,096</td><td>14,058</td><td>18,744</td><td>23,430</td><td>28,117</td><td>32,803</td><td>37,489</td><td>42,175</td><td>46,861</td><td>51,547</td><td>56,233</td></tr><tr><td>Cumulative Planned, Operational & Savings Position £'000s</td><td>6,096</td><td>11,899</td><td>15,216</td><td>20,149</td><td>25,081</td><td>30,014</td><td>34,947</td><td>39,879</td><td>44,812</td><td>49,745</td><td>54,677</td><td>59,610</td></tr><tr><td>Forecast Deficit above Plan (if Savings Gap is not closed) £'000s</td><td>1,410</td><td>1,803</td><td>1,158</td><td>1,405</td><td>1,651</td><td>1,897</td><td>2,144</td><td>2,391</td><td>2,637</td><td>2,884</td><td>3,130</td><td>3,377</td></tr></table></div>		1	2	3	4	5	6	7	8	9	10	11	12	Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233	Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	20,149	25,081	30,014	34,947	39,879	44,812	49,745	54,677	59,610	Forecast Deficit above Plan (if Savings Gap is not closed) £'000s	1,410	1,803	1,158	1,405	1,651	1,897	2,144	2,391	2,637	2,884	3,130	3,377
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Management of operational budget pressures	<p>Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at month 3.</p> <p>A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure.</p>	June 2025	<table><tr><th>Measure</th><th>Measure</th><th>RAG</th><th>Trend</th><th>Target</th></tr><tr><td>Management of operational budget pressures</td><td>Management of operational budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at Month 3.</td><td>A</td><td>➡</td><td>Operational Spend to be maintained within Budgets</td></tr></table>	Measure	Measure	RAG	Trend	Target	Management of operational budget pressures	Management of operational budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at Month 3.	A	➡	Operational Spend to be maintained within Budgets																																										
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	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £32.0m savings target	<p>At Month 03, the UHB had identified £28.624m (89.5%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £7.812m are also identified and continue to be reviewed for progression to Green/Amber where possible.</p> <p>The reported in year gap of £3.376m in identified savings incorporates red schemes and the unidentified balance. Some of the savings identified in 2025/26 are non recurrent. The gap against the recurrent savings target was £4.666m at month 3.</p> <p>The second chart illustrates that the profile of the UHB’s 2025/26 savings programme is skewed towards the end of the year.</p>	June 2025	<p>2025/26 UHB Savings Programme: Identified vs Requirement</p>  <p>2025/26 Savings Plan vs Actual/Forecast (£'000s)</p>  <p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 
	Remain within Cash Limit	<p>The UHB will require cash support from WG for the 2025/26 revised planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet.</p> <p>The closing cash balance at the end of June 2025 was £4.196m.</p> <p>The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right</p>	June 2025	

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Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Protection	<p>Seasonal respiratory infections</p> <p>Vaccination – COVID-19 and influenza</p> <ul style="list-style-type: none">The Covid-19 Spring booster campaign runs from the beginning of April to the end of June. As of the 10th of July it has delivered 31,904 vaccines to a total eligible population of 56,321 in Cardiff and the Vale for an uptake of 56.66% which is above the Welsh average of 53.18%. <p>Surveillance</p> <ul style="list-style-type: none">Influenza activity is at baseline levels and case numbers remain broadly stableThe overall proportion of samples testing positive for Covid-19 increased to 7.4% in hospital and non-sentinel GP practices across WalesLP.8 remains the most prevalent variant of Covid-19 in Wales.RSV incidence in children aged up to 5y is currently at baseline levels.Hospital incidents and outbreaks<ul style="list-style-type: none">There is currently 1 Covid-19 outbreak and 1 incident in hospitals in C&V UHB; and 0 influenza outbreaks and incidents.Since the start of the 2025/26 financial year, in C&V UHB there have been 7 influenza incidents or outbreaks, with 37 bed days lost. In the same period there have been 26 Covid-19 incidents or outbreaks, with 139 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the loss of 176 bed days, representing an estimated opportunity cost of £88,000 to the UHBStaff sickness absence<ul style="list-style-type: none">Month of May 2025:<ul style="list-style-type: none">2,094 full time equivalent calendar days* were reported as sickness absence by C&V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13)The estimated loss in productivity due to this absence is £222,332† <p>* Because of the way absence is recorded on ESR these figures include weekends and non-working days † Salary costs for staff reporting sickness absence</p>	10/7/25	Below target, but campaign underway	<p>Table 2b. Coverage of the 2025 Spring COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 10/07/2025, by Local Health Board of residence.</p> <table><tr><th>Local Health Board of Residence</th><th>Eligible population (n)</th><th>Vaccinated (n)</th><th>Coverage (%)</th><th>Of those vaccinated, number with no previous doses (n)</th></tr><tr><td>Aneurin Bevan UHB</td><td>78,706</td><td>44,432</td><td>56.45</td><td>17</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>104,824</td><td>58,115</td><td>55.44</td><td>34</td></tr><tr><td>Cardiff and Vale UHB</td><td>56,312</td><td>31,904</td><td>56.66</td><td>21</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>57,004</td><td>31,171</td><td>54.68</td><td>11</td></tr><tr><td>Hywel Dda UHB</td><td>61,491</td><td>24,108</td><td>39.21</td><td>27</td></tr><tr><td>Powys THB</td><td>23,259</td><td>13,183</td><td>56.68</td><td>17</td></tr><tr><td>Swansea Bay UHB</td><td>50,493</td><td>26,888</td><td>53.25</td><td>7</td></tr><tr><td>All Wales</td><td>432,089</td><td>229,801</td><td>53.18</td><td>134</td></tr></table> <p>Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary</p> <p>Source: PHW weekly ARI summary</p>	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan UHB	78,706	44,432	56.45	17	Betsi Cadwaladr UHB	104,824	58,115	55.44	34	Cardiff and Vale UHB	56,312	31,904	56.66	21	Cwm Taf Morgannwg UHB	57,004	31,171	54.68	11	Hywel Dda UHB	61,491	24,108	39.21	27	Powys THB	23,259	13,183	56.68	17	Swansea Bay UHB	50,493	26,888	53.25	7	All Wales	432,089	229,801	53.18	134
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Priority	Performance Summary	Reported Period	On target?	Data																																																		
Health Protection	<div>Routine childhood immunisation<ul style="list-style-type: none">At 4 years of age, 82.1% of children are up to date with vaccination, which is an improvement year on year, below the target of 95% and a Welsh average of 85.3%At 5 years of age, 84.6% of children are up to date with vaccinations, a level which is still below the Welsh average of 87.5%.</div>	01/01/25 - 31/03/25	In line with local targets, below national targets.	<div><div>Cardiff & Vale UHB quarterly COVER trends</div><div><div>Cardiff and Vale UHB</div><table><caption>Cardiff & Vale UHB quarterly COVER trends (Estimated Data)</caption><tr><th>Quarter</th><th>Uptake (%)</th></tr><tr><td>2013q2</td><td>82.0</td></tr><tr><td>2013q4</td><td>88.0</td></tr><tr><td>2014q2</td><td>84.0</td></tr><tr><td>2014q4</td><td>87.0</td></tr><tr><td>2015q2</td><td>83.0</td></tr><tr><td>2015q4</td><td>84.0</td></tr><tr><td>2016q2</td><td>83.0</td></tr><tr><td>2016q4</td><td>82.0</td></tr><tr><td>2017q2</td><td>83.0</td></tr><tr><td>2017q4</td><td>84.0</td></tr><tr><td>2018q2</td><td>84.0</td></tr><tr><td>2018q4</td><td>88.0</td></tr><tr><td>2019q2</td><td>86.0</td></tr><tr><td>2019q4</td><td>88.0</td></tr><tr><td>2020q2</td><td>86.0</td></tr><tr><td>2020q4</td><td>82.0</td></tr><tr><td>2021q2</td><td>86.0</td></tr><tr><td>2021q4</td><td>85.0</td></tr><tr><td>2022q2</td><td>83.0</td></tr><tr><td>2022q4</td><td>82.0</td></tr><tr><td>2023q2</td><td>82.0</td></tr><tr><td>2023q4</td><td>79.0</td></tr><tr><td>2024q2</td><td>83.0</td></tr><tr><td>2024q4</td><td>82.0</td></tr></table></div><div>Vaccine (age) Up to date* (4 years)</div><div>Source quarterly COVER data</div></div>	Quarter	Uptake (%)	2013q2	82.0	2013q4	88.0	2014q2	84.0	2014q4	87.0	2015q2	83.0	2015q4	84.0	2016q2	83.0	2016q4	82.0	2017q2	83.0	2017q4	84.0	2018q2	84.0	2018q4	88.0	2019q2	86.0	2019q4	88.0	2020q2	86.0	2020q4	82.0	2021q2	86.0	2021q4	85.0	2022q2	83.0	2022q4	82.0	2023q2	82.0	2023q4	79.0	2024q2	83.0	2024q4	82.0
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Priority	Performance Summary	Reported Period	On target?	Data																																																																						
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none">2023/24 Child Measurement Programme data demonstrated a slight increase in healthy weight to 77.7%, from 77.5% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2023/24. This is in line with the English average.40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 56% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. <p>Weight management services</p> <ul style="list-style-type: none">L2 – 510 new patients capacityL3 – 46 new patients capacity	2023/24	<p>Healthy weight:</p> <p>On target</p> <p>Weight management services:</p> <p>Below target</p>	<div><p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p><table border="1"><caption>Estimated data from Healthy Weight trend chart</caption><thead><tr><th>Year</th><th>Cardiff and Vale UHB</th><th>Cardiff</th><th>Vale of Glamorgan</th><th>Wales</th></tr></thead><tbody><tr><td>2011/12</td><td>72.0</td><td>70.0</td><td>71.0</td><td>70.0</td></tr><tr><td>2012/13</td><td>74.0</td><td>72.0</td><td>73.0</td><td>72.0</td></tr><tr><td>2013/14</td><td>75.0</td><td>73.0</td><td>74.0</td><td>73.0</td></tr><tr><td>2014/15</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr><tr><td>2015/16</td><td>75.0</td><td>73.0</td><td>74.0</td><td>73.0</td></tr><tr><td>2016/17</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr><tr><td>2017/18</td><td>77.0</td><td>75.0</td><td>76.0</td><td>75.0</td></tr><tr><td>2018/19</td><td>77.0</td><td>75.0</td><td>76.0</td><td>75.0</td></tr><tr><td>2019/20</td><td>-</td><td>-</td><td>-</td><td>-</td></tr><tr><td>2020/21</td><td>-</td><td>-</td><td>-</td><td>-</td></tr><tr><td>2021/22</td><td>77.0</td><td>75.0</td><td>76.0</td><td>75.0</td></tr><tr><td>2022/23</td><td>78.0</td><td>76.0</td><td>77.0</td><td>76.0</td></tr><tr><td>2023/24</td><td>78.0</td><td>76.0</td><td>77.0</td><td>76.0</td></tr></tbody></table></div>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	72.0	70.0	71.0	70.0	2012/13	74.0	72.0	73.0	72.0	2013/14	75.0	73.0	74.0	73.0	2014/15	76.0	74.0	75.0	74.0	2015/16	75.0	73.0	74.0	73.0	2016/17	76.0	74.0	75.0	74.0	2017/18	77.0	75.0	76.0	75.0	2018/19	77.0	75.0	76.0	75.0	2019/20	-	-	-	-	2020/21	-	-	-	-	2021/22	77.0	75.0	76.0	75.0	2022/23	78.0	76.0	77.0	76.0	2023/24	78.0	76.0	77.0	76.0
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																																						
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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data						
Health improvement	<p>Diabetes</p> <ul style="list-style-type: none">Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes<ul style="list-style-type: none">Static trendWhilst overall completion rates is c. 46%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be the way the data are collected rather than actual lack of care process completion. Working group being established with pan-cluster membership to review processes and share best practice on improving rates.	Jun 2025	Below target	<table><tr><th>April 2025</th><th>May 2025</th><th>Jun 2025</th></tr><tr><td>46.53%</td><td>45.93%</td><td>46.04%</td></tr></table>	April 2025	May 2025	Jun 2025	46.53%	45.93%	46.04%
April 2025	May 2025	Jun 2025								
46.53%	45.93%	46.04%								



Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none">• Latest data Q4 24/25 - 0.5% of smoking population made a quit attempt via smoking cessation service to become treated smokers. This is below the 0.8% local target.• The Help Me Quit (HMQ) team are delivering clinics across C&V with a focus on deprived communities where smoking rates are higher. Once clients are engaged with HMQ community services over 40% go on to become 4 week quitters. Links made with Pre op assessment team, Waiting Well service and Optometry to boost referrals. Ongoing work with maternity colleagues to increase % of pregnant smokers becoming treated smokers.• Level 3 pharmacy – the % of treated smokers that become 4 week quitters is 25%. This is below the target 40%. Awaiting a new all Wales SLA – this will inform future plans to boost activity.• Hospital service – linked to work to introduce enforcement of no smoking legislation on hospital premises. An online staff training module is now available and being promoted to staff to try to boost referrals.	Q4 24/25	Below target	<div><p>Graph showing 4 week quit rates by service, in %'s</p><table border="1"><caption>Approximate 4-week quit rates by service (%)</caption><thead><tr><th>Quarter</th><th>HMQ</th><th>L3</th><th>Hosp</th><th>QTR total</th></tr></thead><tbody><tr><td>Q1 22/23</td><td>78</td><td>28</td><td>78</td><td>63</td></tr><tr><td>Q2 22/23</td><td>78</td><td>88</td><td>78</td><td>78</td></tr><tr><td>Q3 22/23</td><td>72</td><td>33</td><td>83</td><td>63</td></tr><tr><td>Q4 22/23</td><td>78</td><td>33</td><td>85</td><td>63</td></tr><tr><td>Q1 23/24</td><td>70</td><td>24</td><td>45</td><td>58</td></tr><tr><td>Q2 23/24</td><td>75</td><td>24</td><td>83</td><td>67</td></tr><tr><td>Q3 23/24</td><td>78</td><td>38</td><td>73</td><td>67</td></tr><tr><td>Q4 23/24</td><td>78</td><td>52</td><td>45</td><td>70</td></tr><tr><td>Q1 24/25</td><td>42</td><td>8</td><td>60</td><td>32</td></tr><tr><td>Q2 24/25</td><td>40</td><td>18</td><td>48</td><td>36</td></tr><tr><td>Q3 24/25</td><td>40</td><td>8</td><td>25</td><td>24</td></tr><tr><td>Q4 24/25</td><td>42</td><td>13</td><td>48</td><td>34</td></tr></tbody></table></div>	Quarter	HMQ	L3	Hosp	QTR total	Q1 22/23	78	28	78	63	Q2 22/23	78	88	78	78	Q3 22/23	72	33	83	63	Q4 22/23	78	33	85	63	Q1 23/24	70	24	45	58	Q2 23/24	75	24	83	67	Q3 23/24	78	38	73	67	Q4 23/24	78	52	45	70	Q1 24/25	42	8	60	32	Q2 24/25	40	18	48	36	Q3 24/25	40	8	25	24	Q4 24/25	42	13	48	34
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Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 24/25	National target is 1.25% per quarter, 5% per year Local target 0.8% per quarter	0.5% (Q4 24/25) Below target	Q1	Q2	Q3	Q4
					0.5% (Q4 24/25)			
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	Q4 2024/25	40%	38% (Q4 24/25) Below target	Q1	Q2	Q3	Q4
					38%			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% Below Target	Q1	Q2	Q3	Q4
					32.8% (Q4 24/25)			

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q4 2024/25	100%	94% Q4 24/25 Below target	Q1	Q2	Q3	Q4
								94%
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q4 2024/25	100%	100% Meeting target	Q1	Q2	Q3	Q4
								100%



Immunisation and vaccination

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Jan-Mar 25	95%	84.6% Below target	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
					84.6%			
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026</i>	1 Jan 25 – 30 Apr 25	90%	68.8% Below target	Q1	Q2	Q3	Q4
					68.8%			
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	n/a	75%					
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026</i>	At 29 May 25	75%	56.66% Below target	29/5/25	10/07/25		
					47.86%	56.66%		

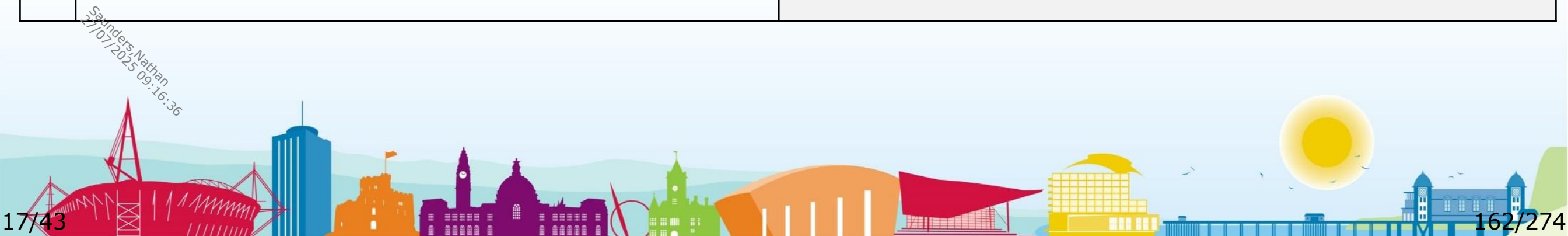
Weight Management Services

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity	Q1 25/26	n/a	Q1 – 510 new patients capacity	Q1	Q2	Q3	Q4
					510			
n/a	Increase L3 service capacity	Q1 25/26	n/a	Q1 – 46 new patients capacity	Q1	Q2	Q3	Q4
					46			

Diabetes

NHS Wales Performance Framework measure

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	See Quadruple Aim 2, measure no. 12			

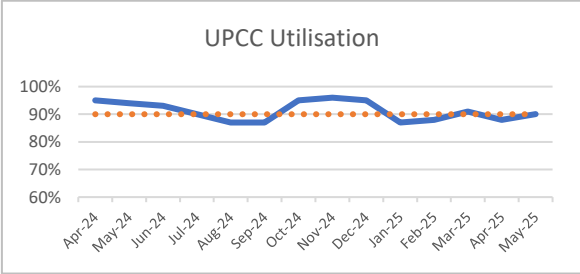
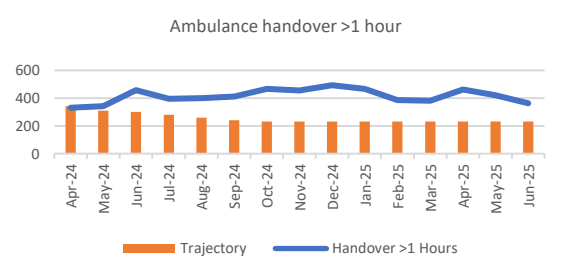
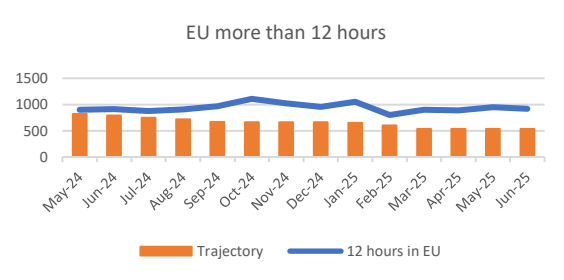
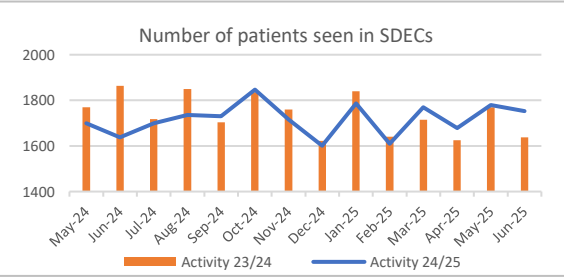
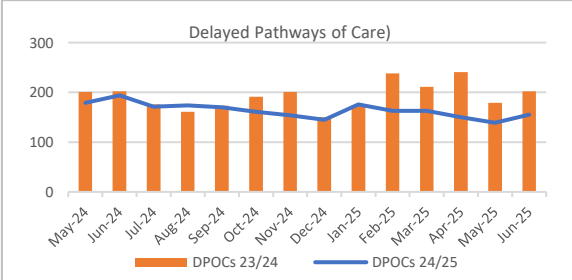


Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Mar-25	90%	1.6% Below standard	<table><tr><td>Dec-24</td><td>Jan-25</td><td>Feb-25</td><td>Mar-25</td></tr><tr><td>7.40%</td><td>3.00%</td><td>10.00%</td><td>1.60%</td></tr></table>	Dec-24	Jan-25	Feb-25	Mar-25	7.40%	3.00%	10.00%	1.60%
Dec-24	Jan-25	Feb-25	Mar-25										
7.40%	3.00%	10.00%	1.60%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-25	90%	98.7% Above standard	<table><tr><td>Dec-24</td><td>Jan-25</td><td>Feb-25</td><td>Mar-25</td></tr><tr><td>77.10%</td><td>92.20%</td><td>98.00%</td><td>98.70%</td></tr></table>	Dec-24	Jan-25	Feb-25	Mar-25	77.10%	92.20%	98.00%	98.70%
Dec-24	Jan-25	Feb-25	Mar-25										
77.10%	92.20%	98.00%	98.70%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-25	95%	96.1% Above standard	<table><tr><td>Jan-25</td><td>Feb-25</td><td>Mar-25</td><td>Apr-25</td></tr><tr><td>96.20%</td><td>95.10%</td><td>96.40%</td><td>96.10%</td></tr></table>	Jan-25	Feb-25	Mar-25	Apr-25	96.20%	95.10%	96.40%	96.10%
Jan-25	Feb-25	Mar-25	Apr-25										
96.20%	95.10%	96.40%	96.10%										

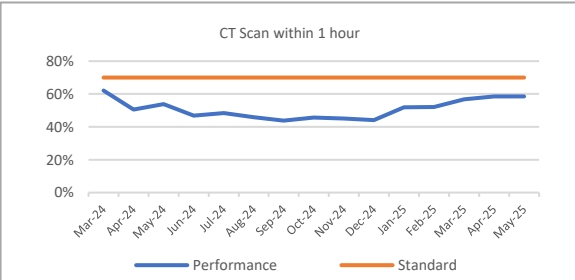
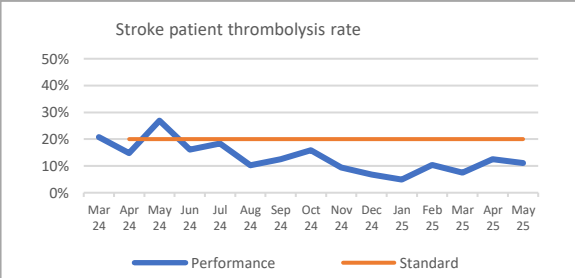
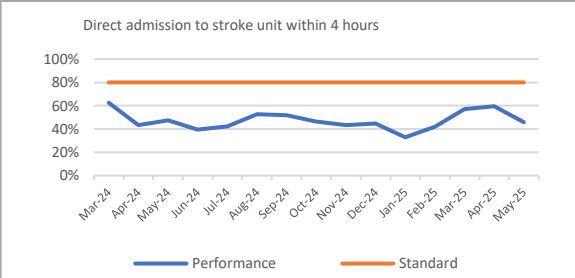
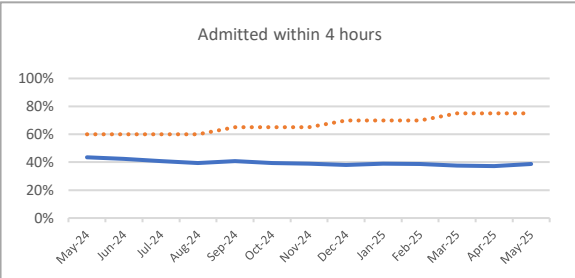


Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In May utilisation was 90%, this is in line with our commitment	May-25	90% utilisation At standard	
	Safe@home referrals – Increase to 6 accepted referrals per week in Q1 to 30 per week in Q4 Q4 - 231 referrals were accepted by S@H – average of 18 per week. Work ongoing to increase referrals into the system	Q1	231 accepted referrals Q4 Below standard	
	Community visits – 95% of face-to-face visits within 8 hours Q4 to date 97% compliance with 8-hour standard	Jun-25	97% Above standard	
Emergency Department and Same Day Emergency Care	Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December Periods of significant operational pressure in June led to an increase in longer ambulance waits. In June we reported 32 2-hour ambulance delays, an increase from May, above our ambition of 0. In June we reported 373 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In June lost minutes per arrival remained at 26	Jun-25	32 2-hour delays Above standard	  
	ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In June we reported a decrease in patients waiting 12-hours in EU compared to May. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q4	Jun-25	373 1-hour delays Above standard 26 minutes lost/arrival Above standard	
	SDEC units – Increase attendances compared to the same period 23/24 In June we reported a decrease in activity compared to May, and above June 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase	Jun-25	92.2% patients <12h Below standard 1753 SDEC attends Below standard	
Reducing time in hospital and Continuity of Care	Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of June 59.6% of patients in acute beds had a LOS of >7 days, 32.3% >21 days – reduced from May	Apr-25	59.6% >7d Above standard 32.3% >21d Above standard	
	Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In June 2025 the number of POCDs was 155 – this is above the number of delays reported in May 2025	Jun-25	155 Below standard	

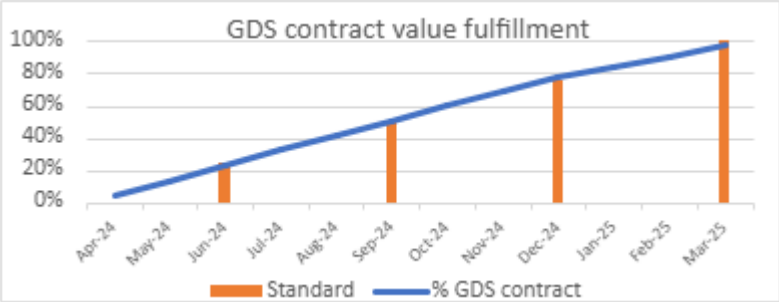
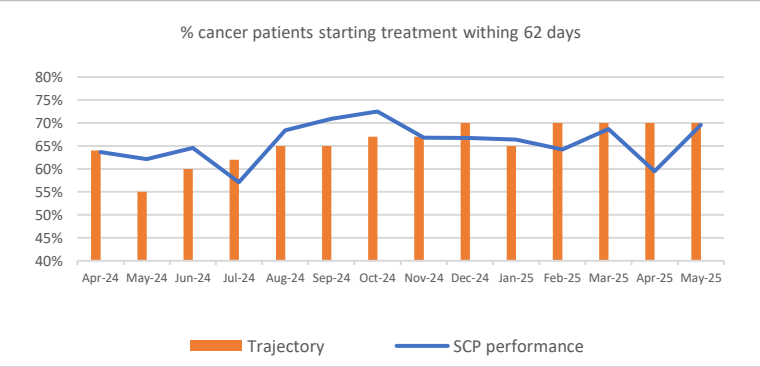
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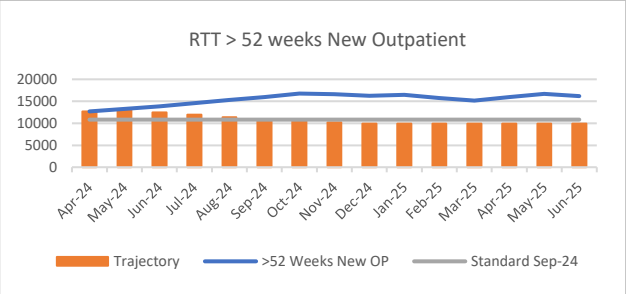
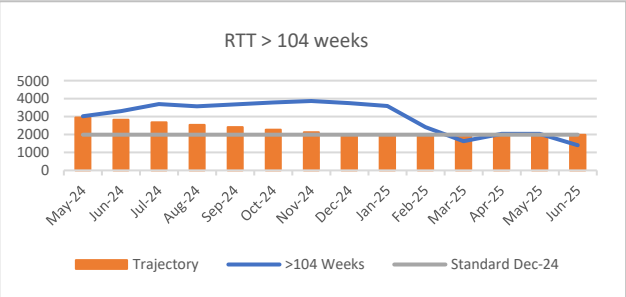
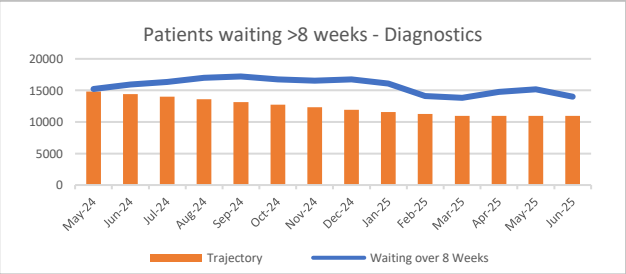
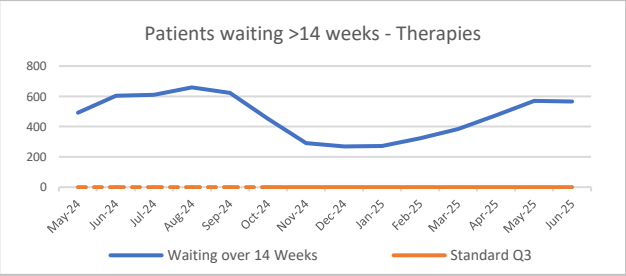
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	CT scan – 70% of patients scanned within 1 hour of arrival at EU In May 58.5% of patients were received their CT scan within 1 hour of arrival at EU, unchanged from April but below our ambition.	May-25	58.5% CT Below standard	
	Thrombolysis – 20% thrombolysis rate In May 11.5% of stroke patients were thrombolysed, this remains increased from previous months but below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive		11.1% Thrombolysis Below standard	
	Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In May 45.7% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit		45.7% Door-to-ward Below standard	
	Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded			
Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales				
High Impact pathways – Hip fracture	Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In May our annualised compliance showed 38.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9%.	May-25	38.6% (Annualised) Below standard	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	GMS access – 100% of practices achieving core access standards In April 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to June) 23.5% of the contract value has been delivered Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In June 100% of practices were providing CCPS services Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2	Apr-25	100% At standard	
		Jun-25	98.5% Below standard (Apr-24 - Mar-25) 100% Above standard 100% Above standard	
Cancer	Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In May 69.6% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance has dropped as a result of treating the longest waiting patients in month.	May-25	69.6% Below standard	

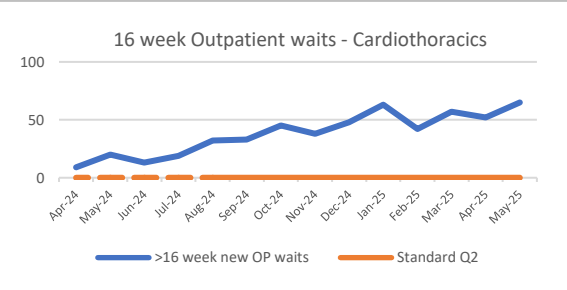
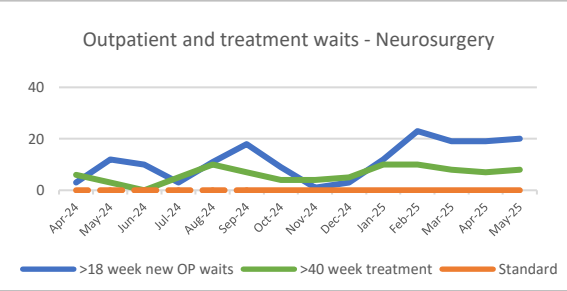
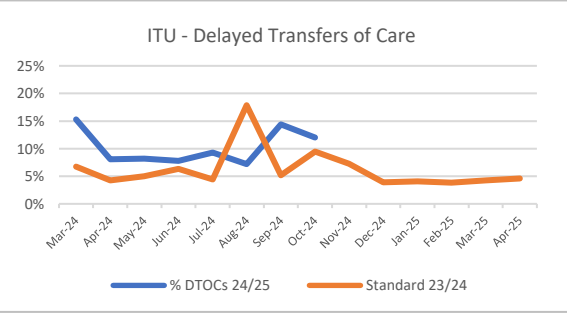
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment</p> <p>In June there were 16,172 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment</p> <p>In June there were 1,401 patients waiting 104 weeks for treatment. This represents a large reduction from May as we delivered our commitment to reduce below c1595 by the end of June. We are currently working with colleagues from Welsh Government and NHS Wales to develop plans for Q2 and beyond to further reduce long waits</p>	Jun-25	<p>16,172 patients Above standard</p> <p>1,401 patients Below standard</p>	<div><p>RTT > 52 weeks New Outpatient</p></div> <div><p>RTT > 104 weeks</p></div>
Diagnostics and Therapies	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic</p> <p>In June 14,007 patients were waiting over 8 weeks for a specified diagnostic, A decrease from May, Improvement in the radiology position this month, with NOUS, MRI and CT all reducing their 8w waits.</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3</p> <p>In June 566 patients were waiting over 14 weeks for therapies, A decrease from May. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25</p>	Jun-25	<p>14,007 patients Diagnostics Above standard</p> <p>566 patients Therapies Above standard</p>	<div><p>Patients waiting >8 weeks - Diagnostics</p></div> <div><p>Patients waiting >14 weeks - Therapies</p></div>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2</p> <p>In May there were 65 patients waiting over 16 weeks for a new outpatient appointment and 19 patients waiting over 52 weeks for surgery.</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4</p> <p>In April there were 25 patients waiting over 18 weeks for a new outpatient appointment and 8 patients waiting over 40 weeks for surgery.</p>	May-25	<p>65 Outpatients Above standard</p> <p>20 patients Treatment Above standard</p> <p>8 patients Treatment Above standard</p>	<div><p>16 week Outpatient waits - Cardiothoracics</p></div> <div><p>Outpatient and treatment waits - Neurosurgery</p></div>
Intensive Care Unit	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24</p> <p>October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset</p>	Oct-24	<p>12.0% Above standard</p>	<div><p>ITU - Delayed Transfers of Care</p></div>

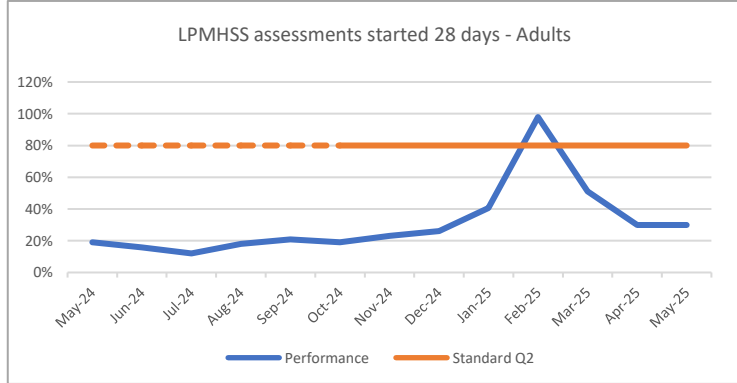
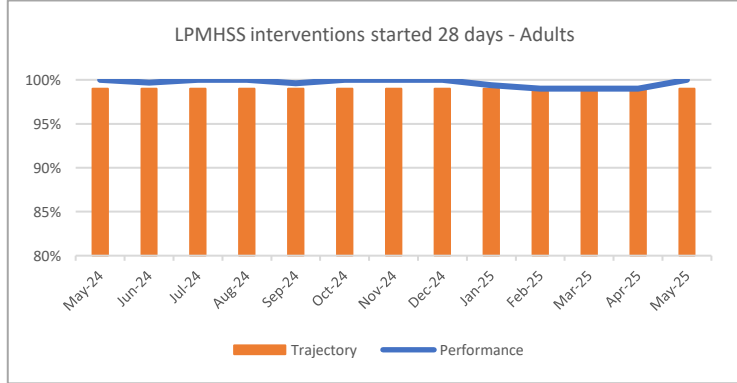
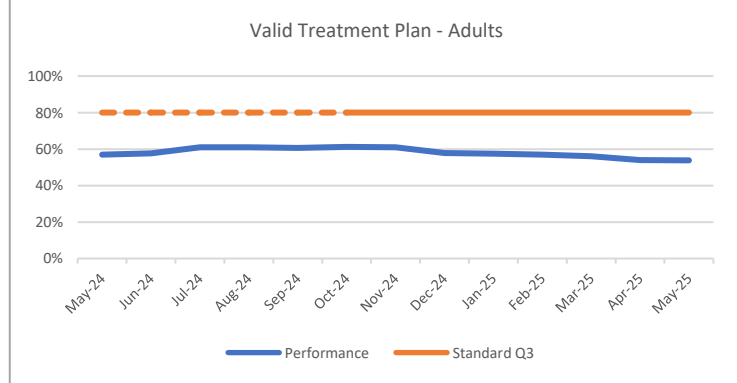
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In March there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In June there were 444 paediatric patients waiting over 14 weeks for Therapies (293 in Dietetics and 151 in Occupational Therapy)</p>	Jun-25	<p>0 Meeting standard</p> <p>444 Above standard</p>	
Emotional Health and Wellbeing	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In May 100% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In May 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In May 95% of patients had a valid Care and Treatment Plan, above our ambition</p>	May-25	<p>100% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>95% Part 2 Above standard</p>	
Neurodevelopment	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In June the longest wait for a neurodevelopment assessment was 225 weeks, this is above our ambition for delivery in Q4</p>	Jun-25	<p>225 Above standard</p>	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2</p> <p>In May 30% of patients received their assessment within 28 days – this is below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p>	May-25	30% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1</p> <p>In May 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	May-25	100% Part 1b Above standard	
Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In May 54% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance</p>	May-25	54% Part 2 Below standard (Q3)	

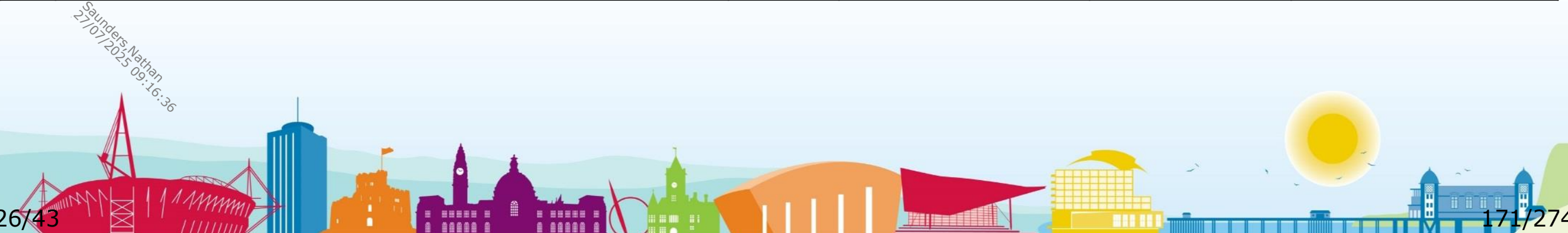
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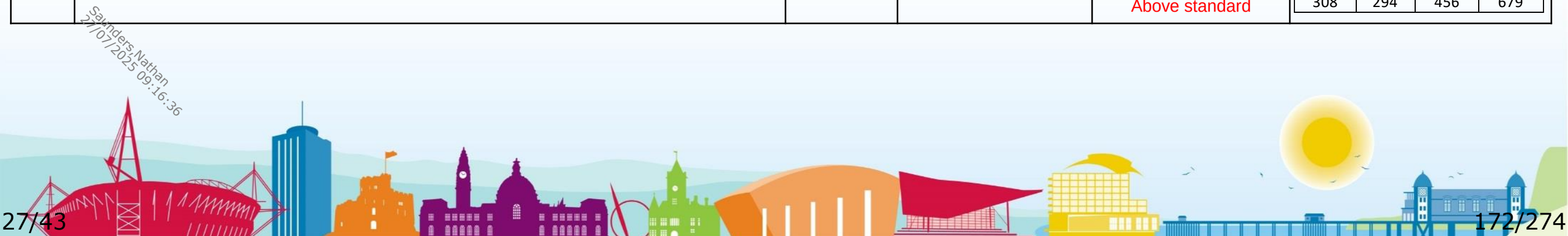
NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% At standard	19/20	20/21	21/22	22/23
					93.4%	95.0%	96.5%	98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-25	Improvement compared to the same month in the previous year	46.1% Above standard	Mar-25	Apr-25	May-25	Jun-25
					46.30%	46.50%	45.90%	46.10%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 to Jun-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	23.4% Above standard	Apr-25	Apr25 - May-25	Apr-25 - Jun-25	
					5.50%	15.10%	23.40%	
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-25	Increase compared to the same month in the previous year	2,516 Above standard	Jan-25	Feb-25	Mar-25	Apr-25
					2329	2440	2465	2516
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	May-25	80%	100% Above standard	Feb-25	Mar-25	Apr-25	May-25
					99%	99%	99%	100%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	May-25	80%	100% Above standard	Feb-25	Mar-25	Apr-25	May-25
					90%	100%	100%	100%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	May-25	80%	30.0% Below standard	Feb-25	Mar-25	Apr-25	May-25
					97.9%	51.3%	30.0%	30.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	May-25	80%	100% Above standard	Feb-25	Mar-25	Apr-25	May-25
					100.0%	99.4%	100.0%	100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-25	65%	50% Below standard	Mar-25	Apr-25	May-25	Jun-25
					50%	51%	50%	50%
20.	Median emergency response time to amber calls	Jun-25	12 month reduction trend	01:34:20 Above standard	Mar-25	Apr-25	May-25	Jun-25
					01:46:41	01:58:55	01:19:34	01:34:20



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Jun-25	15 minutes or less	6 Below standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>8</td><td>8</td><td>6</td><td>6</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	8	8	6	6
Mar-25	Apr-25	May-25	Jun-25										
8	8	6	6										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-25	60 minutes or less	68 Above standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>64</td><td>63</td><td>64</td><td>68</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	64	63	64	68
Mar-25	Apr-25	May-25	Jun-25										
64	63	64	68										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Jun-25	Improvement compared to the same month in the previous year, towards the national target of 95%	61.3% Below standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>66.2%</td><td>62.7%</td><td>63.9%</td><td>61.3%</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	66.2%	62.7%	63.9%	61.3%
Mar-25	Apr-25	May-25	Jun-25										
66.2%	62.7%	63.9%	61.3%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jun-25	Reduction compared to the same month in the previous year, towards the national target of zero	919 Above standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>901</td><td>887</td><td>952</td><td>919</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	901	887	952	919
Mar-25	Apr-25	May-25	Jun-25										
901	887	952	919										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	May-25	12 month improvement trend towards a national target of 80% by 31 March 2026	69.6% Below standard	<table><tr><td>Feb-25</td><td>Mar-25</td><td>Apr-25</td><td>May-25</td></tr><tr><td>64.2%</td><td>68.7%</td><td>59.5%</td><td>69.6%</td></tr></table>	Feb-25	Mar-25	Apr-25	May-25	64.2%	68.7%	59.5%	69.6%
Feb-25	Mar-25	Apr-25	May-25										
64.2%	68.7%	59.5%	69.6%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jun-25	0	14,007 Above standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>13825</td><td>14750</td><td>15177</td><td>14007</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	13825	14750	15177	14007
Mar-25	Apr-25	May-25	Jun-25										
13825	14750	15177	14007										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Mar-25	100%	72% Below standard	<table><tr><td>Dec-24</td><td>Jan-25</td><td>Feb-25</td><td>Mar-25</td></tr><tr><td>86.24%</td><td>82.00%</td><td>76.66%</td><td>71.58%</td></tr></table>	Dec-24	Jan-25	Feb-25	Mar-25	86.24%	82.00%	76.66%	71.58%
Dec-24	Jan-25	Feb-25	Mar-25										
86.24%	82.00%	76.66%	71.58%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jun-25	0	566 Above standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>384</td><td>475</td><td>571</td><td>566</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	384	475	571	566
Mar-25	Apr-25	May-25	Jun-25										
384	475	571	566										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jun-25	0	679 Above standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>308</td><td>294</td><td>456</td><td>679</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	308	294	456	679
Mar-25	Apr-25	May-25	Jun-25										
308	294	456	679										

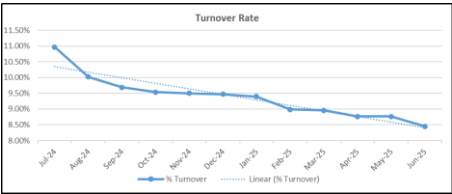
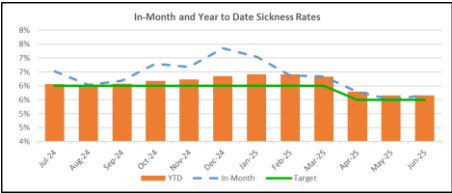
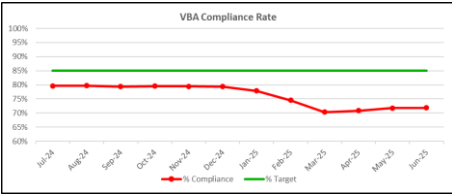
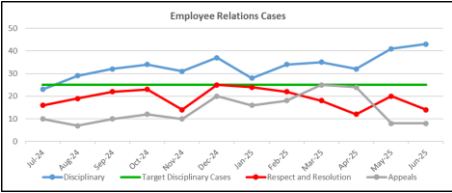


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jun-25	0	16,172 Above standard				
					Mar-25	Apr-25	May-25	Jun-25
					15185	15949	16663	16172
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-25	Reduction compared to the same month in the previous year	22,853 Below standard				
					Feb-25	Mar-25	Apr-25	May-25
					19694	22227	21758	22853
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jun-25	0	1,401 Below standard				
					Mar-25	Apr-25	May-25	Jun-25
					1632	2037	2030	1401
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jun-25	Month on month reduction towards the national target of zero by 30 June 2025	34,374 Above standard				
					Mar-25	Apr-25	May-25	Jun-25
					32763	34632	35620	34374
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	May-25	80%	13% Below standard				
					Feb-25	Mar-25	Apr-25	May-25
					10%	10%	14%	13%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	May-25	80%	77% Below standard				
					Feb-25	Mar-25	Apr-25	May-25
					73%	75%	77%	77%

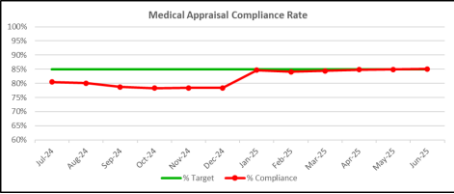
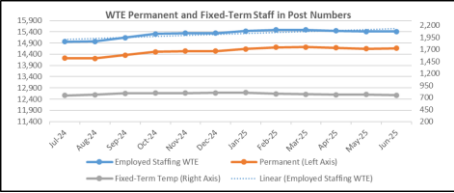
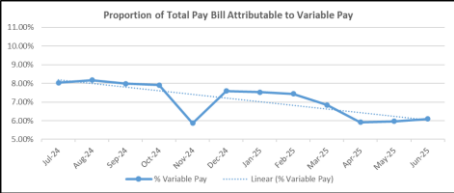
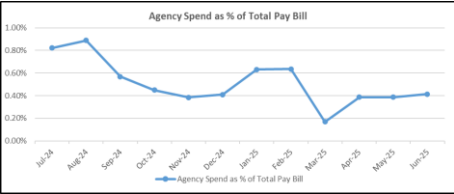
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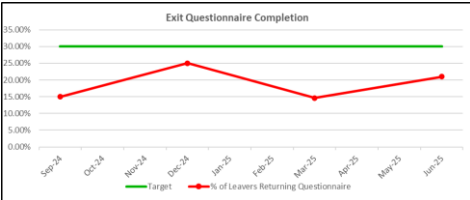
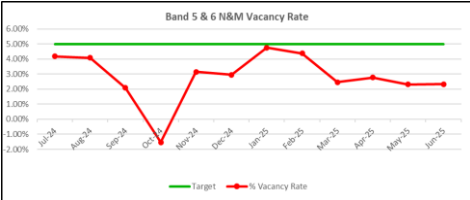
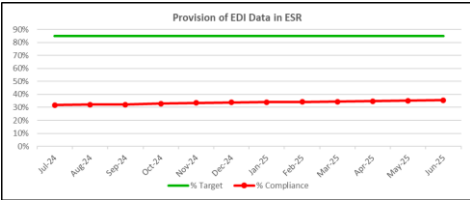
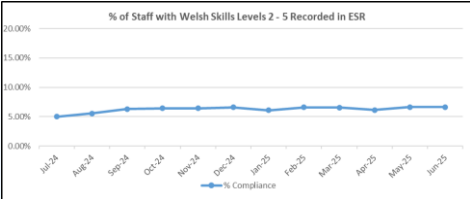
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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Jul-24; the rates have fallen from 10.97% at Jul-24 to 8.45% in Jun-25 UHB wide. This is a net 2.51% decrease, which represents 370 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; ‘Voluntary Resignation - Other/Not Known’, ‘Retirement Age’, ‘Voluntary Resignation – Relocation’, ‘Voluntary Resignation – Promotion’ and 'Voluntary Resignation - Work Life Balance’.</p>	June 2025	
Sickness Absence	<p>The monthly sickness rate for Jun-25 was 5.67%. The 12-month cumulative rate has settled over the past year, and is 6.36% at Jun-25 (an increase of 0.14% by comparison with the rate at Jun-24).</p>	June 2025	
Statutory and Mandatory Training	<p>The overall compliance rates rose marginally for Jun-25 to 82.56%, 2.44% below the overall target. The compliance for All Wales Genomics Service, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; and PCIC, Children & Women’s and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has risen, to 72.25% Jun-25 . Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	June 2025	
Values Based Appraisal	<p>VBA compliance has risen slightly for Jun-25 to 71.88%. None of the Clinical Boards have reached the 85% target rate%.</p>	June 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	June 2025	

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 70.93% have a signed off job plan, against a target of 90% to be achieved by Sep-25.	June 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal rose slightly to 85.06% for Jun-25, and is now just above the 85% target.	June 2025	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 448 WTE, to 15,409.64 WTE at Jun-25.	June 2025	
Variable Pay (Bank, Agency, Overtime..)	<p>The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jul-24 the percentage was 8.04% of the total spend on pay, but in Jun-25 had fallen to 6.09%. It must however be borne in mind that the total pay bill is increasing.</p> <p>There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.</p>	June 2025	
Staff Winter Vaccination Programme	<p>By the end of Mar-25 35.28% of staff have received the flu vaccine, and 28.29% of staff have received the COVID-19 vaccine.</p> <p>The winter vaccination programme for 2025-26 will commenced in the autumn.</p>		
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Jul-24 was 0.82% of the total spend on pay and has fallen to 0.41% at Jun-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	June 2025	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 62.4 days. The figure for Cardiff & Vale uHB for Jun-25 was 94.2 days.	June 25	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7.2 days. The figure for Cardiff & Vale uHB for Jun-25 was 7.5 days.	June 2025	
Exit Questionnaire Completion	At Jun-25 the return rate of exit questionnaires was 21%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Sep-25.	June 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jun-25 the rate was 2.33%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	Jun 2025	
Provision of EDI Data in ESR	<p>This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.</p> <p>At Jun-25 35.52% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	June 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.55% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Jun-25 6.65% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	June 2025	



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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Jun-25	12 month reduction trend (6%)	5.67% Below standard	Mar-25Apr-25May-25Jun-25
					6.34%5.79%5.51%5.67%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jun-25	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	8.45% Above standard	Mar-25Apr-25May-25Jun-25
					8.96%8.76%8.76%8.45%
38.	Agency spend as a percentage of the total pay bill	Jun-25	12 month reduction trend	0.41% Below standard	Mar-25Apr-25May-25Jun-25
					0.17%0.39%0.39%0.41%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Jun-25	85%	72.68% Below standard	Mar-25Apr-25May-25Jun-25
					71.19%71.71%72.59%72.68%



Priority	Performance Summary	Reporting Period	Performance against standard	Data																						
Concerns 30-day performance	Welsh Government target for responding to concerns is 75% within 30 working days During May and June 25, the Health Board: •Received 470 Concerns •Closed 450 concerns • 69 % closed within 30 working days (including Early Resolution) • 17% closed under Early Resolution (within 2 days including day of receipt) •Received 600 Enquiries •Received 78 Compliments •We currently have 295 active concerns •Graph opposite shows median response time to formal concerns across Wales Top 3 themes and trends • Clinical Treatment and Assessment • Concerns around appointments (waiting times/cancellations) • Communication	May and June 25	60 %	<p>% of concerns closed within 30 wroking days including Early Resolution</p> <p>All Wales - Median working days for a response (includes still open co...</p> <table><caption>Median working days for a response (includes still open co...</caption><tr><th>LHB</th><th>Median working days</th></tr><tr><td>ABU LHB</td><td>33</td></tr><tr><td>CTMU LHB</td><td>30</td></tr><tr><td>Velindre</td><td>30</td></tr><tr><td>WAST</td><td>30</td></tr><tr><td>PT LHB</td><td>29</td></tr><tr><td>PHW NT</td><td>28</td></tr><tr><td>SBU LHB</td><td>26</td></tr><tr><td>BCU LHB</td><td>24</td></tr><tr><td>HDU LHB</td><td>24</td></tr><tr><td>CVU LHB</td><td>19</td></tr></table>	LHB	Median working days	ABU LHB	33	CTMU LHB	30	Velindre	30	WAST	30	PT LHB	29	PHW NT	28	SBU LHB	26	BCU LHB	24	HDU LHB	24	CVU LHB	19
LHB	Median working days																									
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CTMU LHB	30																									
Velindre	30																									
WAST	30																									
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SBU LHB	26																									
BCU LHB	24																									
HDU LHB	24																									
CVU LHB	19																									
Duty of Candour <div>Saunders, Nathan 27/07/2025 09:16:36</div>	Key Updates: From 1st January 2025 to 30th June 2025, a total of 12,751 incidents have been reported. Of these incidents, 87 have triggered the duty of candour. Themes and Trends for Triggered Duty of Candour: • Avoidable pressure damage. • Avoidable falls. • Patients lost to follow-up. • Failure to prescribe or administer appropriate medication. • Administration of incorrect medication. • Missed opportunities to diagnose			<table><caption>Duty of Candour</caption><tr><th>Month</th><th>Total Incidents Reported</th><th>Total Incidents Triggered DOC</th></tr><tr><td>March</td><td>2107</td><td>3</td></tr><tr><td>April</td><td>2105</td><td>23</td></tr><tr><td>May</td><td>2050</td><td>11</td></tr><tr><td>June</td><td>2186</td><td>10</td></tr></table>	Month	Total Incidents Reported	Total Incidents Triggered DOC	March	2107	3	April	2105	23	May	2050	11	June	2186	10							
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April	2105	23																								
May	2050	11																								
June	2186	10																								

Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																			
Patient Feedback – Civica	<p>The system became operational on Friday, 28th October 2022. We are currently conducting surveys with up to 1,000 patients daily via text message: 600 patients are randomly selected from general hospital activity, 200 from Emergency Unit (EU) activity, and 200 from Mental Health activity. Over the past 12 months, we have dispatched over 178,000 text messages and have observed a response rate of 15%</p> <p>In June, we sent 15,139 text messages and received 2,523 completions, resulting in a response rate of 17%. Among respondents discharged in May and June who answered the rating question, 84% expressed satisfaction with our service (please refer to the chart opposite).</p> <p>Our overall response rate currently stands at 15%. While we understand that this rate is higher than that of many organisations, we will focus on improving it over the next year.</p>	May/June 2025		<div><p>Score: 84%</p><table><tr><th>Category</th><th>Percentage</th></tr><tr><td>Very good</td><td>63.73%</td></tr><tr><td>Good</td><td>22.13%</td></tr><tr><td>Neither good nor poor</td><td>5.87%</td></tr><tr><td>Poor</td><td>4.18%</td></tr><tr><td>Very poor</td><td>4.09%</td></tr></table></div> <div><p>All Wales Question 9: Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience? - % Rati...</p><table><tr><th>Month</th><th>Total Submissions</th><th>Average Rating</th></tr><tr><td>April</td><td>1801</td><td>7.44</td></tr><tr><td>May</td><td>1911</td><td>7.39</td></tr><tr><td>June</td><td>1841</td><td>7.23</td></tr><tr><td>July</td><td>2145</td><td>7.42</td></tr><tr><td>August 2024</td><td>1927</td><td>7.49</td></tr><tr><td>September</td><td>1939</td><td>6.94</td></tr><tr><td>October</td><td>2591</td><td>7.41</td></tr><tr><td>November</td><td>3002</td><td>7.21</td></tr><tr><td>December</td><td>2919</td><td>7.17</td></tr><tr><td>January</td><td>2297</td><td>7.56</td></tr><tr><td>February 2025</td><td>2812</td><td>7.33</td></tr><tr><td>March</td><td>3546</td><td>7.03</td></tr></table></div>	Category	Percentage	Very good	63.73%	Good	22.13%	Neither good nor poor	5.87%	Poor	4.18%	Very poor	4.09%	Month	Total Submissions	Average Rating	April	1801	7.44	May	1911	7.39	June	1841	7.23	July	2145	7.42	August 2024	1927	7.49	September	1939	6.94	October	2591	7.41	November	3002	7.21	December	2919	7.17	January	2297	7.56	February 2025	2812	7.33	March	3546	7.03
Category	Percentage																																																						
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Patient Safety	<p>We continue to report Nationally Reportable Incidents at a rate in line with the national average. In April 2025 we reported 3.67 per 100,000 population compared with 2.69 per 100,000 across Wales. Ten NRIs were reported in total during April.</p> <p>On the last day of June 2025, there were 2725 incidents that had not been reviewed within 30 days. From August 2025, one day a month will be dedicated to providing in person support to manage patient safety incidents in an effective and timely way.</p>	June 2025		<div><p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 10/07/25</p></div> <div><p>CVU UHB T-chart for time in days between Never Event incident dates in the last 12 months as of 10/07/25</p></div>																																																			

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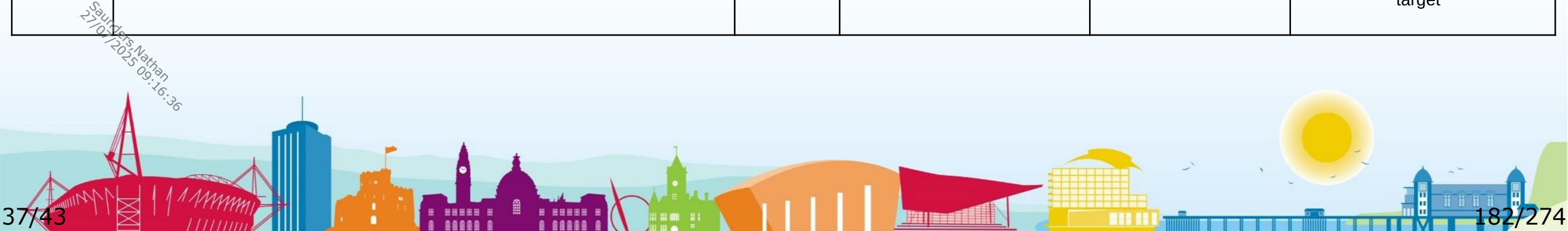
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	<p>Inpatient Mortality</p> <p>Inpatient mortality remains in line with the five-year average. May inpatient mortality was 3.5 deaths per 1000 bed days with the highest rate recorded in medicine (4.6) and then specialist clinical board (4.3) .</p> <p>Inpatient Mortality</p> <p>The all- cause mortality rate across Cardiff and the Vale remains inline with the five-year average with a reduction in deaths form acute respiratory infections observed since February 2025.</p>	May 2025		<div><div><p>Crude Mortality: Weekly Deaths In Hospital</p></div><div></div></div>
Infection Control	<p><i>Clostridiodes difficile</i> – The total number of CDI cases this year is currently 48, with 17 hospital onset. This number of cases is 21 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>MRSA - The total number of MRSA cases this year is currently 5, with 2 hospital onset. This number of cases is 1 hospital onset case higher than this period in 2024/2025. CAV UHB have the 2nd rate of the 6 acute Health Boards in Wales.</p> <p>MSSA - The total number of MSSA cases this year is currently 37, with 15 hospital onset. This number of cases is 6 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.</p> <p>E.coli - The total number of E.coli cases this year is currently 67, with 17 hospital onset. This number of cases is 3 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p><i>Klebsiella spec's</i> - The total number of Klebs cases this year is currently 26, with 14 hospital onset. This number of cases is 3 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>PAER - The The total number of Pseud cases this year is currently 6, with 3 hospital onset. This number of cases is the same as this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p>	June 25		<div><div><p>Graph 2: C. difficile Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div><div><p>Graph 2: MRSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div><div><p>Graph 2: MSSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div><div><p>Graph 2: E. coli Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div><div><p>Graph 2: P. Aeruginosa Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div><div><p>Graph 2: Klebsiella Spp Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p></div></div>

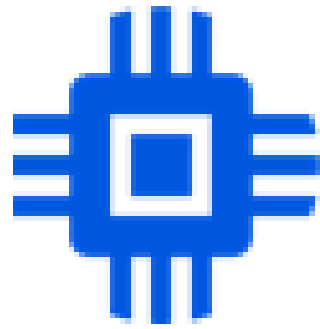
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-25	12 month improvement trend	49.8% Below standard				
					Jan-25	Feb-25	Mar-25	Apr-25
					56.00%	42.30%	43.50%	49.80%
41.	Percentage of all classifications’ coding errors corrected by the next monthly reporting submission following identification	May-25	90%	28.4% Below standard				
					Feb-25	Mar-25	Apr-25	May-25
					40.20%	34.70%	51.40%	28.40%
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard				
					Jan-24	Feb-24	Mar-24	Apr-24
					17.00%	15.30%	15.00%	16.10%
43.	Number of Pathways of Care delayed discharges	Jun-25	12 month reduction trend	155 Above standard				
					Mar-25	Apr-25	May-25	Jun-25
					163	150	139	155
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	May-25	90%	94.8% Above standard				
					Feb-25	Mar-25	Apr-25	May-25
					92.9%	90.2%	92.7%	94.8%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	May-25	90%	53.8% Below standard				
					Feb-25	Mar-25	Apr-25	May-25
					56.7%	55.7%	53.5%	53.8%
46.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	May/Jun 25	(Some system issues)	 5939	In May and June we sent 27,286 texts			



No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Jun-25	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	26 6 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Jun-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	51.85 cases per 100,000 population Below Standard 32.50 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jun-25	25 cases per 100,000 population	37.15 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	May-25	Reduction compared to the same month in the previous year	22.0% On standard	<table><tr><td>Feb-25</td><td>Mar-25</td><td>Apr-25</td><td>May-25</td></tr><tr><td>44.80%</td><td>43.50%</td><td>52.50%</td><td>22.00%</td></tr></table>	Feb-25	Mar-25	Apr-25	May-25	44.80%	43.50%	52.50%	22.00%
Feb-25	Mar-25	Apr-25	May-25										
44.80%	43.50%	52.50%	22.00%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	May-25	12 month improvement trend towards national target of 95%	71.90% Below standard	<table><tr><td>Feb-25</td><td>Mar-25</td><td>Apr-25</td><td>May-25</td></tr><tr><td>65.90%</td><td>67.50%</td><td>71.50%</td><td>71.90%</td></tr></table>	Feb-25	Mar-25	Apr-25	May-25	65.90%	67.50%	71.50%	71.90%
Feb-25	Mar-25	Apr-25	May-25										
65.90%	67.50%	71.50%	71.90%										
52	Number of ambulance patient handovers over one hour	Jun-25	0	363 Over standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>381</td><td>462</td><td>421</td><td>363</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	381	462	421	363
Mar-25	Apr-25	May-25	Jun-25										
381	462	421	363										
53.	Percentage of ambulance patient handovers within 15 minutes	Jun-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	12.14% Below standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>11.38%</td><td>11.24%</td><td>11.38%</td><td>12.14%</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	11.38%	11.24%	11.38%	12.14%
Mar-25	Apr-25	May-25	Jun-25										
11.38%	11.24%	11.38%	12.14%										
54.	Number of National Reportable incidents that remain open 90 days or more	16 July 25	12 month reduction trend	57%	Improving trajectory but not on target to meet improvement target								





Shaping Our Future

Digital
Services

Digital & Health Intelligence

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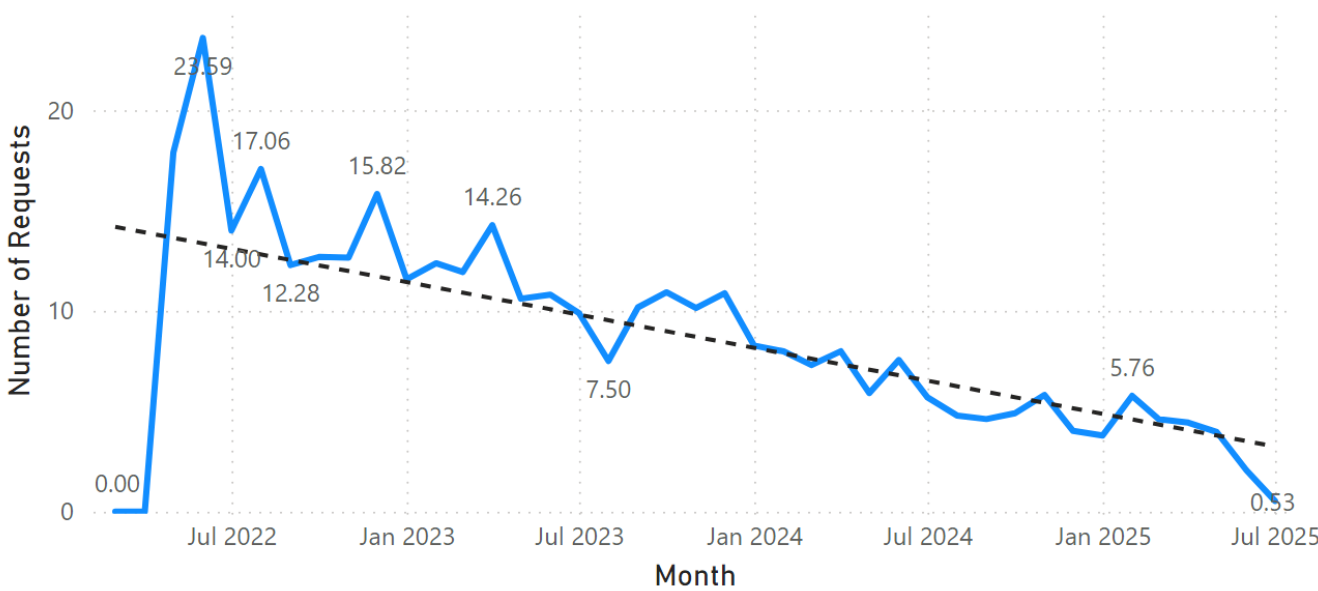
Executive Scorecard

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
39321 Incidents Opened	50046 Requests Opened	20783 Incidents Opened	28557 Requests Opened	966 Incidents Opened	1446 Requests Opened
38855 Incidents Closed	45460 Closed Requests	19880 Incidents Closed	24119 Closed Requests	786 Incidents Closed	580 Closed Requests
466 Remaining Open	4586 Remaining Open	903 Remaining Open	4438 Remaining Open	180 Remaining Open	866 Remaining Open
4.06 Avg Duration (Days)	6.04 Avg Duration (Days)	3.75 Avg Duration (Days)	3.94 Avg Duration (Days)	0.39 Avg Duration (Days)	0.53 Avg Duration (Days)

Executive Trending

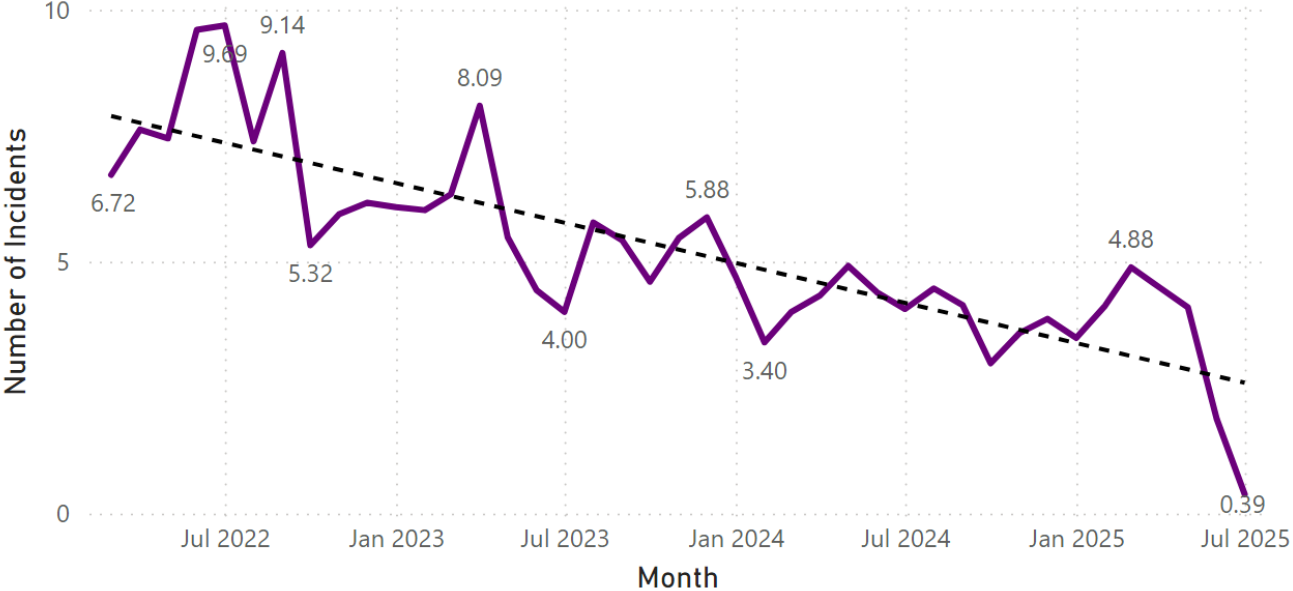
Requests (new and additional items)

Average Duration (Days)



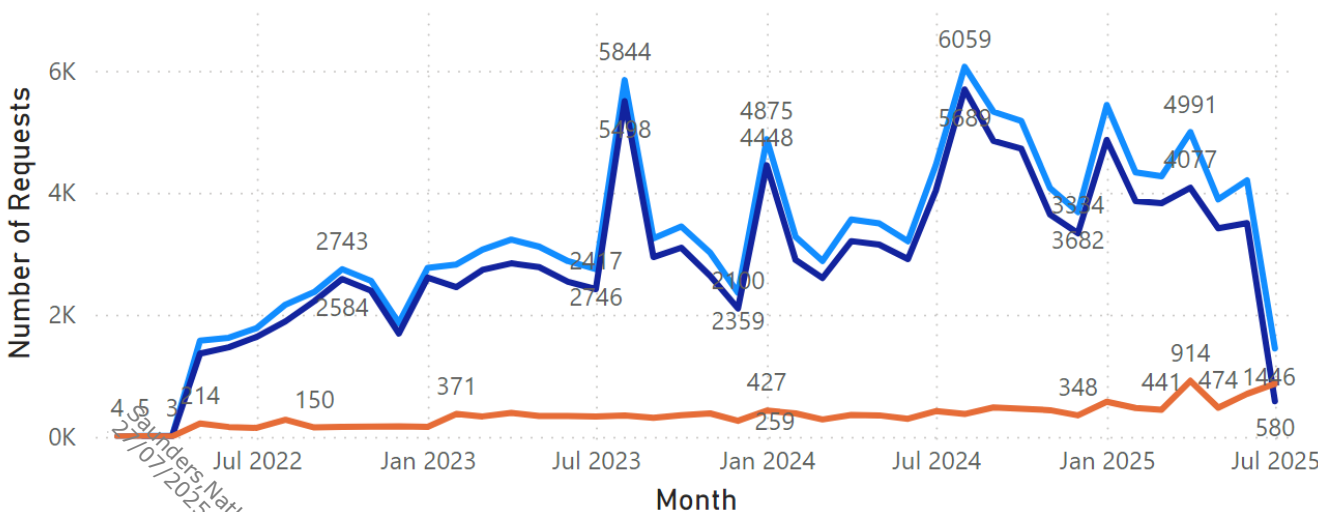
Incidents (something that was working no longer works)

Average Duration (Days)



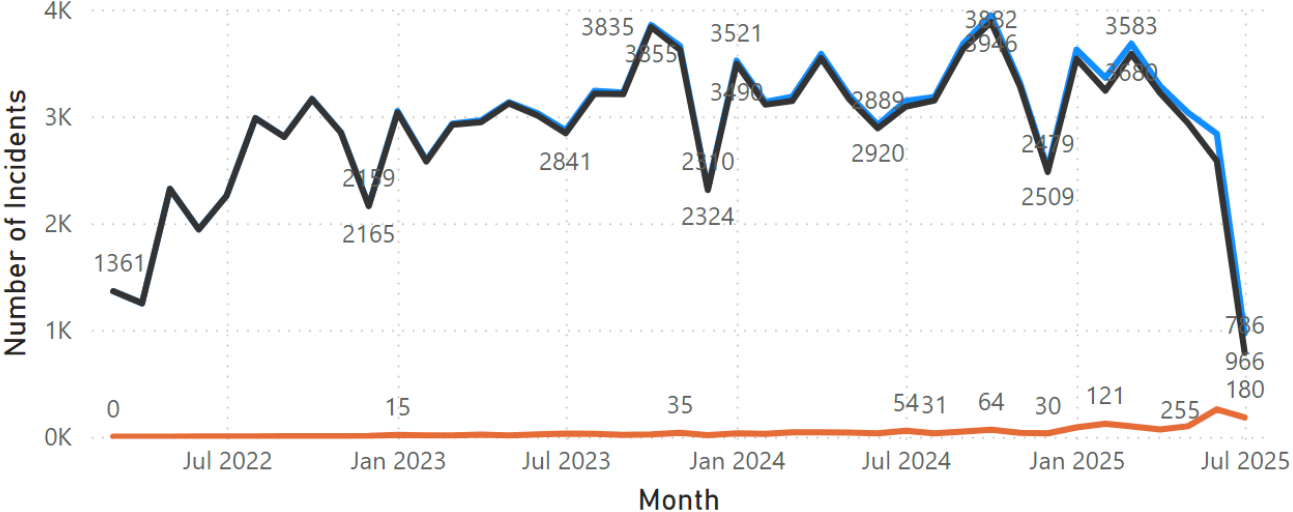
Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



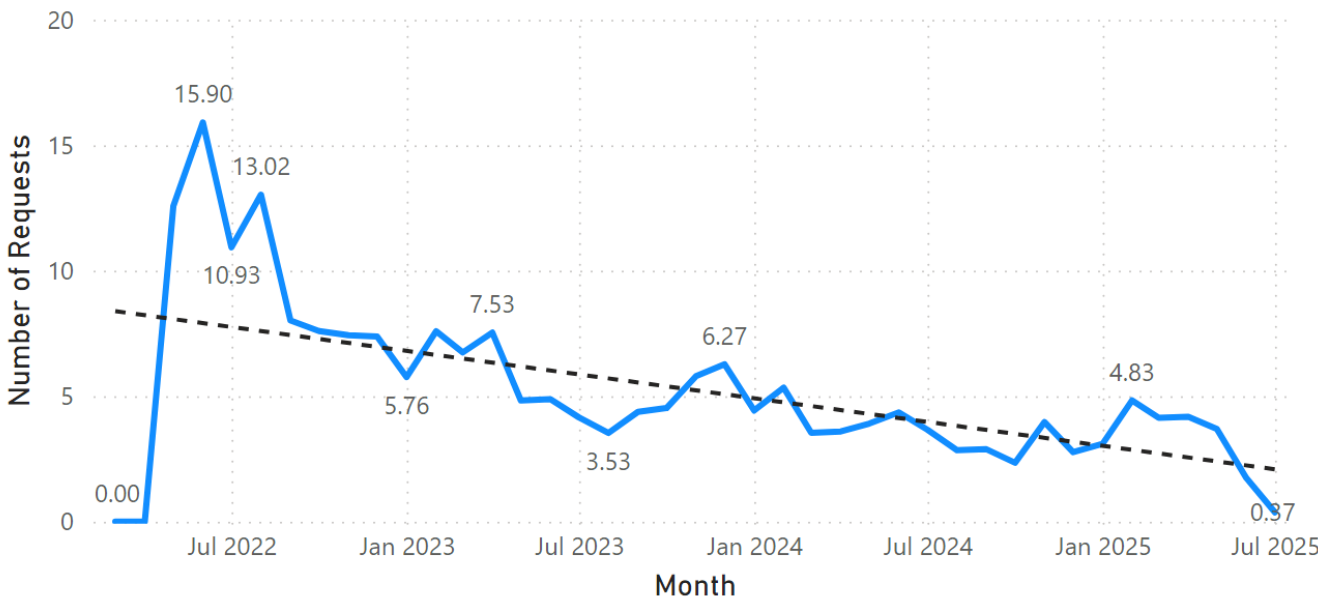
Service Desk Scorecard

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
18245 Incidents Opened	26787 Requests Opened	8825 Incidents Opened	14560 Requests Opened	413 Incidents Opened	737 Requests Opened
18233 Incidents Closed	25050 Closed Requests	8528 Incidents Closed	12346 Closed Requests	322 Incidents Closed	332 Closed Requests
12 Remaining Open	1737 Remaining Open	297 Remaining Open	2214 Remaining Open	91 Remaining Open	405 Remaining Open
4.26 Avg Duration (Days)	3.57 Avg Duration (Days)	5.63 Avg Duration (Days)	3.46 Avg Duration (Days)	0.54 Avg Duration (Days)	0.37 Avg Duration (Days)

Service Desk Trending

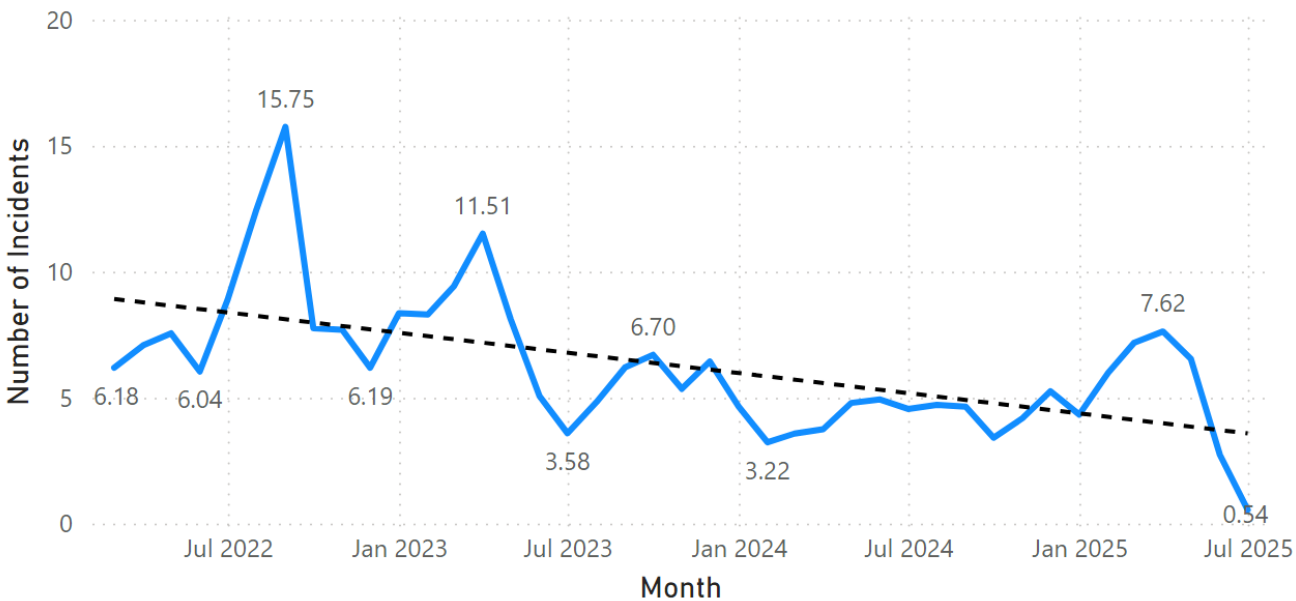
Requests (new and additional items)

Average Duration (Days)



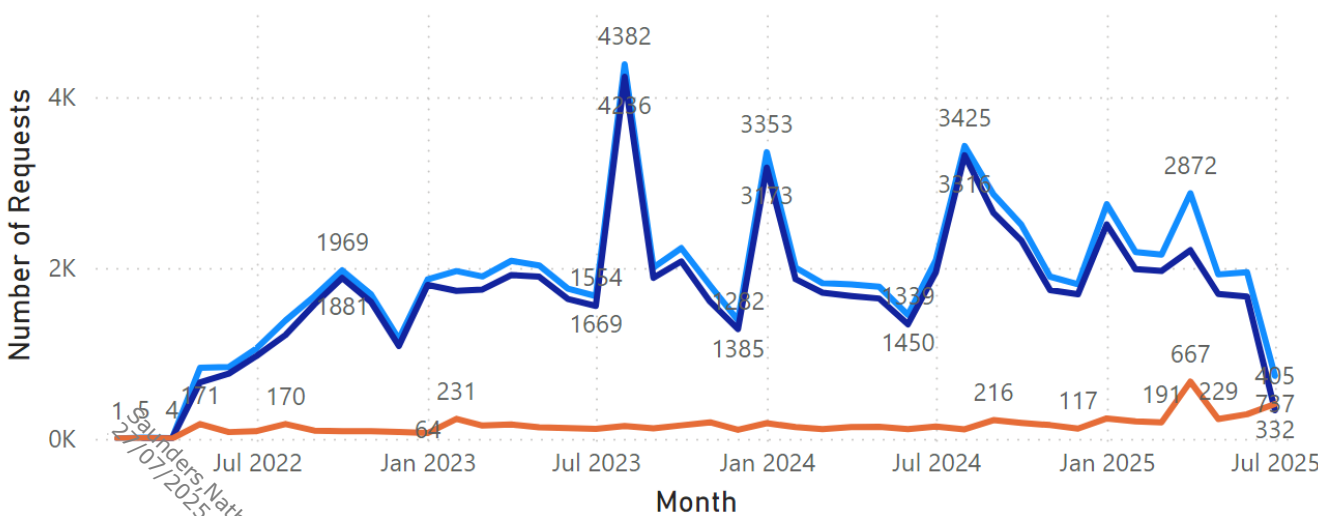
Incidents (something that was working no longer works)

Average Duration (Days)



Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



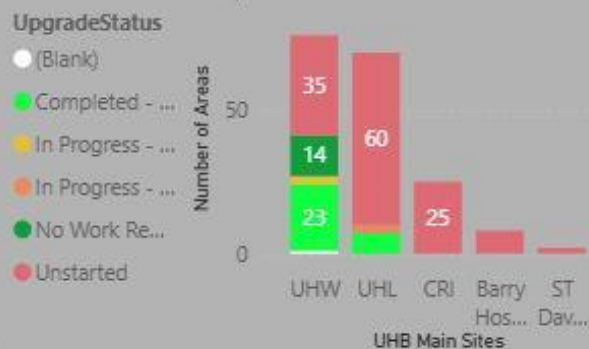
Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



Wi-fi Project Statistical Analysis

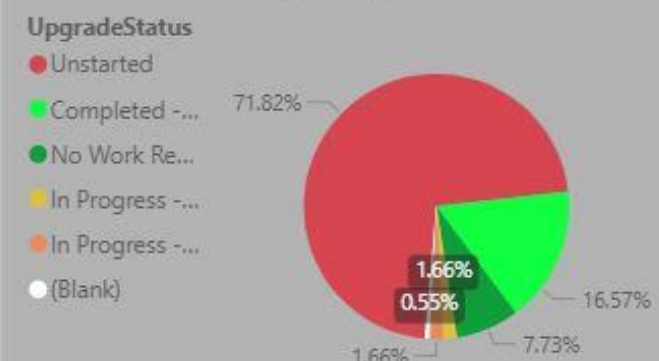
Current Status by UHB Main Site



Number of Areas Complete Out of Grand Total



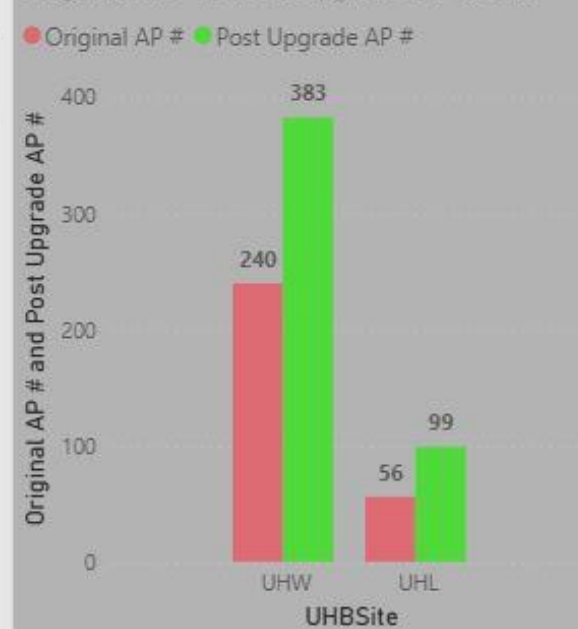
Chart of Works Current Status



Number of access points currently listed is incomplete both original and post upgrade. The work to analyse these amounts is ongoing, and requires additional time to complete the data for this report.

UHBSite	Title	UpgradeStatus	Original access points	Post Upgrade Access Points
UHL	Stroke Rehab Centre	Completed - All Works	18	31
	West 2 Medicine	In Progress - Containment Scheduled	9	20
	West 10	Completed - All Works	14	18
	West 6 Surgery	Unstarted	4	17
	West 5 Surgery/Trauma	Unstarted	5	15
	East 2 Medicine	Unstarted	4	14
	East 4 Medicine	Completed - All Works	4	14
	East 8 Medicine	In Progress - Containment Scheduled	3	14

Original APs vs Post Upgrade AP Totals



Number of ePMA Areas



Number of Wider Wifi Project Areas



Number of CEF Areas



Yes Report Title:	Quarter 1 Annual Plan Report			Agenda Item no.	6.11
Meeting:	Board	Public	X	Meeting Date:	31.07.25
		Private			
Status:	Assurance	X	Approval		Information
Lead Executive:	Executive Director of Finance and Planning				
Report Author:	Head of Strategic Plannning				

Background and current situation:

This report provides a high-level summary of progress against the key priorities outlined in the 2025/2026 Annual Plan for Quarter 1 (April–June).

It is intended to complement existing assurance reports, including the Integrated Performance Report, Financial Reports, and Enabling Actions Report.

The report highlights key achievements and issues aligned to each strategic portfolio and presents a high-level summary of both our performance and financial position.

Summary of plan priorities

Brilliant basics

People and Culture

- Improve Wellbeing and Availability to Work
- Management and Leadership Development
- Build workforce planning expertise

Clinical Services

- Transition care to Community Settings- to include redesign of mental health model
- Improve continuity of care in secondary care -to include delivery of 6 Goals for Urgent and Emergency Care Programme
- Increase productivity and efficiency to reduce waiting times across care pathways -to include delivery of Planned Care Programme

Population Health and Places

- Improve public health communications and messaging to the public
- Focus on priorities that deliver reduced health inequities: Vaccination, smoking, diabetes and obesity
- Shift Spend to Best Value Health Buys - expand 'Help Me Quit' Services
- Develop blueprint, governance and commissioning arrangements for our Integrated Community Care System (ICCS)
- Deliver Enhanced Community Care Improvement Plan (phase 1 ICCS)- building more community capacity
- Enhance the role of the Pan Cluster Planning Group in the planning and delivery of our ICC

Infrastructure

- Develop standard business intelligence dashboards to meet service needs
- Complete Digital Foundations Programme
- Deliver a sustainable clinical coding plan
- Translate the estates condition survey into a plan for sustaining service delivery
- Continue the estates capacity review with a focus on decongesting the UHW site

Quality and Value

- Build a Quality Management System
- Deliver cross system improvement programmes for each quality challenge
- * healthcare acquired infections
- * lost to follow up
- *acute deterioration
- Drive Health Informatics and Data Driven Decision Making
- Build Capacity and Capability
- Embed a Value Based Systems and Culture

Future Generations

- Fully establish Joint Academic Health Science partnership
- Incorporate R+D, education and innovation into job plans and appraisal
- Expand external funding and identify opportunities to align research with health board priorities
- Empower staff to make day to day changes to improve our sustainability
- Develop a climate change adaption plan
- Drive and embed the strategic equality plan
- Build recruitment opportunities for our local communities

People and Culture - Highlights

Aligned Strategic Objective: Putting People First

- Wellbeing and Availability to Work:** Targeted action is being taken to reduce staff absence and availability. The sickness level for June 2025, is 5.6%, whilst this is higher than the Health

Board's cumulative target of 5.5%, the monthly rates are lower than for each of the previous 3 financial years where the sickness was 6.8% cumulatively.

- **Medical workforce (reduction by 30%):** Agency and bank expenditure has declined over the last three consecutive months. Medical bank reduced from £1,274,238 in April to £996,231 in June 2025 which is a reduction of £278,007 (22%) and medical agency reduced from £116,828 in April to £90,918 in June 2025 which is a reduction of £25,9010 (22%). In support of the Welsh Government's target to achieve 90% compliance with job planning by 30th September 2025, the position has increased from 65% to 70%.
- **Nursing Workforce:** Nursing bank and agency expenditure has continued to decline. In the first 2 months of this financial year, the spend on agency reduced by 60% compared to last year from £1,012,984 to £403,821 giving a reduction of £609k and bank reduced by 8% from £1,149,034 to £1,057,227 giving a reduction of £91,801.
- **Head count:** Following enhanced scrutiny of vacancy requests, UHB's workforce has reduced for the last 3 consecutive months by a total of 81 WTE and a further 90 roles are being held for redeployments and nurse streamlining.
- **Management and Leadership Development:** Implementation of an operational leader's programme, to be delivered in collaboration with ABUHB and CTMUHB, to build regional resilience and leadership capability. Co-developing Elev8, a multidisciplinary programme to support clinical leaders in leading compassionate, accountable, and improvement-focused teams.
- **Workforce Planning:** Nursing Resource Plan under development with current forecast to end of 25/26 financial year. UHB Workforce Planning SharePoint site has been developed. Workforce group under development with Mental Health Clinical Board to support implementation of the Strategic Mental Health Workforce plan.
- .

Population Health and Places - Highlights

Aligned Strategic Objective: Providing Outstanding Quality

- **Vaccination:** Community-based delivery model and mobile immunisation unit deployed to improve uptake.
- **Diabetes:** Good progress with type 2 diabetes health needs assessment.
- **Obesity:** Implementation of Good Food and Movement year 2 actions - Leadership and Enabling Change Group for Cardiff held, connecting the system strategically, with a spotlight on Education.
- **Phase 1 Integrated Community Care System (ICCS):** delivery of phase 1 is underway with task and finish groups established, delivery plans set out and progress against plans reported to be on track. Workstreams include community hospitals (preparing to shift into Primary Care and Intermediate Care), roll out of Connected Communities multi-disciplinary team including social prescribing, development of admissions avoidance integrated delivery model through Safe@home and Community Resource Teams and End of Life strategy and delivery. Single Point of Access and Urgent Treatment Centre delivery is dependent on national funding and resource alignment.

- **ICCS design:** A 12-month design programme is scheduled to begin in Quarter 2, aimed at developing the blueprint, model of care, and enabling plans that support our ambition to become an Integrated Community Care System. Foundational work was completed in Quarter 1 to prepare and position this workstream for a successful launch.

Quality and Value- Highlights

Aligned Strategic Objective: Providing Outstanding Quality

- **Quality Management System:** QMS project launched with active workstreams to support quality planning, improvement, control, and assurance.
- **Safety & Improvement Projects:** Health Care Acquired Infections, Lost to Follow Up and Acute Deterioration projects are live and progressing well. A new project on medication errors has just been launched.
- **Value-Based Healthcare:** Evaluation of diabetes community team and supportive care projects completed; frailty and cellulitis projects progressing.
- **Measurement Tools:** Value Tracker and Value Currency tools in development to support benefits realisation.

Clinical Services - Highlights

Aligned Strategic Objective: Providing Outstanding Quality

- **Continuity of Care:** Strong engagement in reconfiguring acute medical services and embedding Discharge to Recover & Assess (D2RA) and Red2Green principles.
- **Regional Planning:** Stroke and ophthalmology models progressing; regional collaboration is active across multiple specialties.
- **Productivity & GIRFT:** Action plans in place across specialties; cataract and urology pathways showing early success.
- **Theatre Efficiency:** Theatre together programme underway focussing on immediate actions with productivity and efficiency focus to follow.
- **Cancer & Partnership Working:** Collaboration with Velindre Cancer Centre is active, with governance and reporting structures being aligned.
- **Clinical Services Plan:** Strategic planning underway, with detailed delivery plans progressing for Babies, Children and Young People plan.
- **Mental Health:** Engagement and planning work to develop the mental health component of the clinical services plan commenced in Quarter 1. This work is a key dependency and enabler to the mental health and estates transformation strategy and improvement actions set out in the plan.

Infrastructure- Highlights

Aligned Strategic Objective: Delivering in the Right Places

- **Digital Enablers:** Wi-Fi expansion, device replacement (Windows 11), M365 rollout including Co-Pilot and Power BI licensing are progressing.
- **Digital Foundations** business case development is active.
- **Data Insights:** Dashboards and data viewers are being developed utilising the new Local Data Repository (LDR).

Clinical Coding: Digital-only coding for cataract is complete.

- **Sustainable Service Delivery:** Estates condition survey in progress to inform future capital investment and service planning.
- **Capital Planning:** There are ongoing discussions with Welsh Government regarding combining the ITU expansion and refurbishment, Haematology/BMT and Hybrid Theatre Business cases. Park View Integrated Wellbeing Hub business case is due for submission to Welsh Government in Quarter 2 subject to Board approval.

Future Generations- Highlights

Aligned Strategic Objective: Acting For the Future

- **Innovation & Research:** AI pilots, endoscopy innovation, and lipid optimisation projects are active. Strategic planning for research is underway.
- **Cardiff Health Partners:** Programme launched with governance structures forming and workstreams progressing.
- **Foundational Economy:** Strong delivery on inclusive employment, youth engagement, and equality initiatives.
- **Carbon Reduction:** Climate adaptation planning and behaviour change initiatives are in motion.

Quarter 1 Finance summary

At month 3 the UHB is reporting an overspend of £15.216m. This is an adverse variance of £1.158m against our profiled deficit plan of £56.2m. More detailed information can be found in the Financial Report.

Quarter 1 Performance Summary

A summary of performance against the Key Delivery Expectations is set out in the table below:

Strategic Priority	Ministerial Expectation	Cardiff and Vale Plan	Current Position (RAG vs plan, blank if no Q1 forecast)
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour – national target – zero	<365 p/m (Q1)	373 (June) ●
	Reduce the number of patients who spend 12 hours in ED... building towards the national target of zero	<700 p/m (Q1)	915 (June) ●
	No patients waiting more than 104 weeks for referral to treatment	9861 (Q4)	1401 (June)
	62-day SCP performance – 12-month improvement trend	75% (Q4)	69.6% (May)
	8-week diagnostic waits – zero target	10426 (Q4)	14007 (June)
Population Health and Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	48% (Q4)	45.93% (May)
	Achievement of vaccinations targets in the performance framework	Covid Spring Booster 63% (Q2)	N/A
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan	Establish one by March 2026	In progress
Building Community Capacity	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	<160 (Q1)	165 ●
	100% of GP practices achieving all National Access Standards for In-hours GMS	100% (Q1)	100% ●
	Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	>2185	2224 ●
	Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period	45% adults / 78% children	Reported yearly
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (51% ave.)	51% ●
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (800 ave.)	985 ●
Mental Health Access	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80% - adult and children	Adult – 60% (June) ● Children – 99% (June) ●
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS	80% - adult and children	Adult – 100% ● Children – 100% (June) ●

Overall - Summary of strategic challenges

The most common challenges across the portfolios are summarised by theme below:

Implementation Delays: Many actions are in early planning or awaiting key milestones (e.g. procurement, workshops, business case approvals); this is not unexpected at this stage in year where preparation and planning stages may take longer than initially planned for.

External Dependencies: Progress in some areas is impacted by reliance on national programmes, funding approvals, or system-wide alignment, for example agreement of approach to capital funding for ITU expansion/Hybrid Theatres/BMT, PARIS system replacement, funding for Single Point of Access and Urgent Treatment Centres.

Strategic and Governance Complexity: Progress on several areas has been slower than anticipated due to evolving governance structures and the inherent challenges of cross-organisational coordination.

For example, Pan Cluster Planning Groups have been slow to establish. Increased focus will be given in Quarter 2 to accelerate their formation and functionality in order to support place-based planning and co-production of the ICCS model design.

Regional service models are taking time to progress due to the complexity of planning across multiple organisations; the establishment of the Regional Joint Committee in Q2 is expected to provide the necessary oversight and strategic direction to overcome barriers and improve momentum.

Executive Director Opinion and Key Issues to bring to the attention of the Board:

Quarter 1 has seen meaningful progress across our key priorities. However, some challenges have emerged. While individual risks and delivery issues are being actively managed within the relevant clinical boards, programmes, or portfolios, it is important that the Board remains sighted on these themes to provide appropriate challenge and support in addressing barriers to progress.

Looking ahead, the next iteration of the report will be enhanced through aligning the portfolios with the KPIs they intend to impact upon, enabling a clearer understanding of impact and outcomes.

Recommendation:

The Committee are requested to:

NOTE the progress highlighted in the Q1 Annual Plan Report

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 Putting People First 1. Click the objective above to view more detail.	X x	 Providing Outstanding Quality 2. Click the objective above to view more detail.	 x
 Delivering in the Right Places 3. Click the objective above to view more detail.	 x	 Acting for the Future 4. Click the objective above to view more detail.	 x

Five Ways of Working (Sustainable Development Principles) considered

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involve ment	x
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA)	No – (Please provide reasoning, e.g. not required)	Not applicable
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document)				
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>				
Committee/Group/Exec		Finance and Performance Committee- 23 rd July		

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27/07/2025 09:16:36

Report Title:	Theatres Together – Progress Update				Agenda Item no.	6.13
Meeting:	Board	Public	X	Meeting Date:	31 st July 2025	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval			Information
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Director of Operational Planning and Performance					

Main Report
Background and current situation:

The Theatre Together Programme is delivering on the recommendations made following the Theatre Review which took place during 2024/25. The robust and detailed review uncovered a number of concerning themes, ranging from failures of leadership practice, variable compliance with policies and procedures, and a poor culture all of which is impacting upon behaviours and psychological safety of colleagues.

This paper forms part of the agreed regular updates that will be brought to Board to provide assurance on progress and highlight ongoing risks in relation to delivery against the 66 recommendations in the review. It follows an update on progress which was taken to Board Development in June which detailed the programme objectives, tranche methodology, governance arrangements, communications approach and key achievements to date. That update also detailed the ongoing risk and challenges, notably the financial impact of delivering some of the actions, and the strained capacity across clinical and operational teams due to staff absence.

Since the last update to Board there has been continued focus on Theatres Review from stakeholders. A meeting was held with Health Inspectorate Wales where members of the Executive Team discussed the findings, our response to date and development of the action plan. The cultural and leadership challenges in operating theatres were also referenced explicitly in the Cabinet Secretaries written statement on the escalation and intervention arrangements for the Health Board. Clear, consistent and transparent communication on the organisations progress, internally and externally, remains a key requirement as the recommendations are addressed.

The Theatre Together Programme has been working diligently through the initial traches, namely, Foundation and High Impact. The action plan for these first two tranches is provided as an appendix to this paper. Following review at Board, this action plan will be shared with stakeholders including Health Inspectorate Wales and the Cabinet Secretary.

Progress against the Foundation Tranche has been positive with most actions complete. On reviewing the action plan each recommendation has been divided into a series of component actions. Through the process of reviewing each of the recommendations it has been noted that the scope has, in some instances, increased slightly. Whilst this is the right approach, as it ensures all the necessary actions are being implemented to deliver improvements, it does mean that some of sub-

actions for the initial recommendations will take longer to complete. For assurance, the most imperative part of each of the immediate actions are being completed first.

Highlights from the Foundation Tranche include:

- **Security:** Reinstated existing TDSI access to the main theatres department.
- **WHO Checklist:** The WHO Collaborative reviewed the outcomes from patient safety incidents associated with non-adherence with the WHO checklist and co-produced a set of principles that standardised the checklist process and adherence with the checklist
- **Paediatric Recovery:** Review of the paediatric recovery bays undertaken in partnership with Children’s Hospital of Wales to ensure that these areas meet the needs of paediatric patients and their families
- **Anaesthetic Rooms:** Standardised contents list for drug cupboards has been produced with Anaesthetists and Anaesthetic Practitioners
- **Cleaning:** Theatres Cleaning procedure has been reissued to all staff
- **Staff Room:** Refurbishment work due to commence in Q2.

Progress against the High Impact Tranche has been positive, whilst these actions are not due for completion until October there are a significant number of component actions which have already been achieved, and the Programme is confident in the delivery for those remaining over the coming months.

Highlights from the High Impact Tranche include:

- **Speaking Up Safely:** Staff side representatives have held safe space session in main theatres
- **Celebrate Success:** A range of initiatives have been implemented across all four perioperative areas to promote staff engagement, recognition, and wellbeing
- **People Services:** A senior advisor has been appointed to support theatres.
- **Team Meetings:** Clear expectations for engagement and meeting with teams have been set by the Theatres Management Team. Clinical Leaders are supported to meet regularly with their respective teams.
- **Team Meetings:** Quality and Safety Sessions are protected and have been changed to all day sessions with rotas arranged to ensure staff have opportunities to attend

Given the scale and number of recommendations, progress will be iterative and develop each week. All the remaining actions, particularly those relating to the Culture Tranche will be provided as part of the next update to Board. Many of these actions have completion dates in 2026 and therefore focus currently remains on the most urgent recommendations. The recommendations and actions will be added to the AMaT in the next month, this will allow for quantification of the completion

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- There has been good progress against the initial two tranches of the Theatre Review recommendations
- The action plan is provided as appendix and details the recommendations and actions for the first two tranches

- There remains operational pressure within the Surgical Clinical Board, Perioperative Care Directorate and Theatres Together Programme. Additional support is being provided to help mitigate
- The next update to Board will provide detailed actions for all recommendations and actions

Recommendation:

Board is requested to **NOTE** the progress on the Theatre Together Programme.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	X	 Providing Outstanding Quality	X
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Theatres Together improvement plan

Foundation and High Impact tranches

Updated 21st July 2025

Version 1.0

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Foundation Tranche (formally tranche zero)

Recommendation		Actions	Additional information	Status	Target date	Owner
1h	Explore security options to make the female changing area a more secure place to leave belongings.	Provide secure changing rooms with lockable storage for all staff	Reinstate/repair existing TDSI access to the main department.	Complete	Complete	Estates
			Additional TSDI for the female and male changing room, and the scrub room has been ordered with plans to install. Temporary TDSI passes will be provided to visitors following completion of TDSI installation.	In progress	September 2025	Estates
			Undertake an audit of the locker rooms to confirm that every person has been offered access to a locker and ensure access for all staff.	Complete	Complete	Perioperative Directorate Team
		Development of a UHB Theatres Visitors Policy	<p>The Procedure for the Management of Visitors within the Operating Environment exists and a UHB Theatres visitors policy has been developed. The Policy is being presented at the Perioperative Directorate quality and Safety Meeting for comment.</p> <p>The policy will then be shared with Corporate Governance to take through the UHB ratification process in August 2025</p>	In progress	September 2025	Perioperative Directorate Team
5g	Provide colleagues with the necessary information about patients that is pertinent to their role for maintaining safety for both staff and patients.	Develop a systems approach to ensure the communication of pertinent clinical information to relevant staff prior to commencement of a surgical procedure.	Include pertinent information about patients, including infection control information at Team Brief. Include a prompt for this in the WHO Checklist Whiteboard design.	In process	August 2025	WHO Checklist Collaborative

8a	Audit adherence to policies and procedures for consent and 'WHO Checklist,' ensure standardised application across all theatres and provide update training as required.	In partnership with the perioperative team and surgeons develop a set of principles that must be adhered to, that support a standardised WHO checklist process.	Establish a multi- professional WHO Checklist collaborative to design a programme of improvements to support compliance with the WHO checklist.	Complete	Complete	Surgery Clinical Board
			<p>The WHO Collaborative reviewed the outcomes from patient safety incidents associated with non-adherence with the WHO checklist and co - produced a set of principles that standardised the checklist process and adherence with the checklist. Communication from the Clinical Executive Team was sent to all Perioperative workforce and all surgeons on 13 May 2025 mandating the principles:</p> <p>Team brief must be attended by all members assigned to the list</p> <p>Sign in must be completed by the anaesthetist and the anaesthetic practitioner</p> <p>Time out must take place prior to commencement of the procedure and no surgical instrument must be handed to any member of the team until this has been completed</p> <p>Sign out must be completed by the whole operating team before any member of that team leaves the theatre.</p> <p>Debrief should be undertaken at the end of each operating session</p>	Complete	Complete	WHO Checklist Collaborative with Surgery Clinical Board
		Deliver the required systems and processes to ensure 100% adherence with the WHO	Engagement events have taken place to embed the WHO checklist principles. These include:		Complete	WHO Checklist Collaborative with Surgery Clinical Board

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		checklist and to provide the correct resources to support adherence	Executive led WHO checklist engagement events, with all surgeons invited. Grand Round – Hosted by the Clinical Director for Perioperative Directorate around the delivery of the WHO checklist. Undertaken on 9 July 2025. The Director of Nursing for the Surgery Clinical Board has discussed the WHO Checklist at the UHB Senior and Lead Nurse Forum. The WHO collaborative wrote to all Clinical Boards Triumvirate to request that the WHO Checklist was discussed at all Clinical Board and Directorate quality and Safety sessions.	Complete		
			Implementation of WHO checklist stickers to record involvement and completion at each stage of the list – to be used in the first three months of implementation to record adherence with the WHO Checklist principles.	Complete	Complete	WHO Checklist Collaborative with Surgery Clinical Board
			Procedure for Sign In stage of the WHO checklist agreed when variation exists between Theatreman and Consent form.	In progress	September 2025	WHO Checklist Collaborative with Surgery Clinical Board
		Deliver the required systems and processes to ensure 100% adherence with the WHO checklist and to provide the correct resources to support adherence	Update to WHO Checklist Policy	In Progress	October 2025	Perioperative Directorate Team

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Saunders, Nathan 21/07/2025 09:16:36			WHO Checklist adherence will be subject to observational audit through August and September to inform the work of the WHO Collaborative	Planning stage	September 2025	Perioperative Directorate Team
			Co-production of the design principles for a WHO Checklist Whiteboard is complete and the draft design is to be presented at WHO collaborative	In Process	August 2025	WHO Checklist Collaborative with Surgery Clinical Board
		Deliver systems to ensure completion of consent prior to transfer to theatre	Communications have been shared to remind all staff of the requirement to ensure pre-operative checks are completed prior to the patient leaving the ward, including checking the presence of a consent form.	Complete	Complete	Surgery Clinical Board
			Theatre assistants have been informed that patients must not leave the ward without a signed consent form. In the event that a consent form hasn't been completed they must escalate to the theatre manager	Complete	Complete	Surgery Clinical Board
			Concentric E Consent Platform to be piloted in Ophthalmology and Cardiology	Planning	March 2026	Consent Lead
		Deliver strengthened digital record of theatre activity.	Introduction of Aqua theatre system as a replacement for Theatreman with associated SOP, training and audit of the system. Testing to commence in September 2025	In Process	20 January 2026	Perioperative Directorate Team

8b	Examine the management of paediatric cases operated on in Mains Upper and determine whether the current arrangement of recovery in the adult recovery area aligns with the Royal College of Anaesthetists' Guidelines (Chapter 10: Guidelines for Provision of Paediatric Anaesthesia Services 2025). Assess the measures taken to safely manage children. Investigate what is required to fully utilise Children's Hospital for Wales to ensure that paediatric cases are operated on and recovered within Children's Hospital for Wales.	Standardised provision of Paediatric Anaesthesia services in line with Royal College of Paediatric Anaesthesia Guidelines	Undertake a Gap analysis of paediatric care against the Royal College of Anaesthetists Guidelines Chapter 10 Guideline of the Provision of paediatric Anaesthesia Services 2025	Complete	Complete	Perioperative Directorate Team
			Agree model for the delivery of paediatric surgery in main theatres that includes required education and skills and staffing requirements.	Planned	31 October 2025	Perioperative Directorate Team and Acute Child Health Directorate
			A review of the paediatric recovery bays undertaken in partnership with Children's Hospital of Wales to ensure that these areas meet the needs of paediatric patients and their families	Complete	Complete	Perioperative Directorate Team
			All required equipment has been identified, and funding support is being sought from Noah's Ark Charity.	In progress	October 2025	Perioperative Directorate Team
			A review of theatres has been undertaken to establish the most suitable for paediatric cases, ensuring room temperature can be rapidly adjusted and the necessary estates work to be undertaken to accommodate this.	In progress	August 2025	Estates
8e	Create standard operating procedures for the setup and standardisation of anaesthetic rooms throughout the department, where feasible.	Standardisation of the anaesthetic room layout and design	A standardised anaesthetic room design is being co-produced with Perioperative workforce	In progress	31 September 2025	Perioperative Directorate Team and Shaping Change
			Standardised contents list for drug cupboards has been produced with Anaesthetists and Anaesthetic Practitioners. Drug cupboards in each theatre have been labelled: Cupboard A – CDs and local anaesthetics	Complete	Complete	Perioperative Directorate Team

			Cupboard B – Induction, reversals, emergency drugs, antiemetics, anti-inflammatories Cupboard C – Cardiovascular, analgesia, other Cupboard D – Antibiotics. Stock levels for drugs and other equipment have been agreed and will be subject to ongoing monitoring.	Ongoing Monitoring	Complete	Perioperative Directorate team
			A review of required equipment has been undertaken Equipment quotation requests have been submitted for storage trollies to replace cupboards.	Complete Under review	31 September 2025	Theatres Together Team
			Costings developed for environmental improvements and submitted to UHB Senior Leadership Team Meeting. Agreed at Senior Leadership team and to progress for discussion at Capital Management Group	In progress	31 September 2025	Estates and Surgery Clinical Board
		Implement anaesthetic emergency toolboxes.	Anaesthetic emergency toolboxes are in Theatre 1, Theatre 10, and Recovery, containing emergency drugs and guidelines for anaesthetic emergencies.	Complete	Complete	Anaesthetic Practitioner – Main Theatre
8h	Standard Operating Procedures and schedules for the theatre deep cleaning rota, including weekend protocols that are standardised across all theatre suites.	Implement Standardised cleaning processes that meet the standards set out in the Perioperative Theatres Cleaning Procedure and national standards.	Scope and price an initial deep clean, a one-off HPV clean and submit to Senior Leadership Team. Further discussion to explore the resourcing of standardised cleaning of theatres across the UHB	Complete In progress	31 August 2025	Executive Team
			Review of the operational arrangements for cleaning main theatres to align with other theatre areas within the UHB	Complete	Complete	Perioperative Directorate Team
			Develop a cleaning schedule checklist for each for individual theatre and communal areas.	Planned	31 September 2025	Perioperative Directorate Team and Infection

						Prevention and Control Team
			Theatres Cleaning procedure has been reissued to all staff	Complete	Complete	Perioperative Directorate Team
			Develop Options appraisal for theatres cleaning process and present to UHB Senior Leadership Team. Further discussion to explore the resourcing of standardised cleaning of theatres across the UHB	Presented 17 July 2025 In progress	31 August 2025	Executive Team
		Align cleaning policy with updated CNO All Wales Cleaning policy when this is published.	Undertake a gap analysis of cleaning procedures against CNO All Wales Cleaning policy when published.	On publication of standards	Pending	
8j	Charitable bid to the Staff Lottery Fund to refurbish the staff room, including new furniture, fridges, and a dishwasher.	Refurbishment of the Perioperative Staff Room	Design of the Staff room co-produced with Perioperative workforce	Complete	Complete	Perioperative Directorate Team
			Bid to Charitable Funds Committee for staff room refurbishment agreed on 10 June 2025	Bid agreed	30 September 2025	Theatres Together Team
			Identification of an interim staff room during the refurbishment period alternative staff room	In progress	31 August 2025	Theatres Together Team
			Refurbishment work is planned for September 2025	Scheduled	30 September 2025	Estates
8i	The family room requires refurbishment. Explore options for charitable funding to improve the environment for relatives waiting. This space could also be used for staff to pray or	Refurbishment of family room.	Develop refurbishment plan for family room	Complete	Complete	Perioperative Directorate Team
			Application made for the following: 1 x 2-seater sofa 1 x Low back chair 1 x coffee table 2 -3 upright chairs, which can be more easily moved.	In progress	August 2025	Perioperative Directorate Team

	take some quiet time when not in use.		In conjunction with Capital, Estates and Facilities - contractor quotes in progress.	Planned	Oct 2025	Perioperative Directorate Team and Estates
9e	Explore how all theatres can work collaboratively to support efficiency including how Children's Hospital for Wales is staffed on Weekends and Bank Holidays		<p>Surgical wards in the Children's Hospital for wales are staffed to accommodate surgical cases including supporting the transfer of children to and from theatre seven days a week.</p> <p>Agree model for the delivery of paediatric surgery in main theatres that includes required education and skills and staffing requirements (8b).</p>	In progress	31 October 2025	Perioperative Directorate Team and Acute Child Health Directorate

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High Impact Tranche (formally Tranche 1)

Recommendation		Actions	Additional information	Status	Target date	Owner
1b	Share the HCSW code for conduct to support individuals to be aware of the code.	Ensure that the HCSW Code of Conduct is used to support professional conversations	Re-distribute code of conduct to HCSW staff	Complete	Complete	Perioperative Directorate Team
			A review of the Values Based Appraisal process will ensure that the code of conduct is integral to the appraisals of Health Care Support Workers.	In progress	December 2025	Head of Organisational Development and Culture
1c	To share with colleagues how to raise concerns internally, share 'Speaking up Safely.' Consider support from HCPC and NMC on culture, the code and when to report to the regulator.	Promote the use of 'Speaking up Safely' to staff.	Speaking up safely highlighted to all staff via communication from the Chief Executive following the publication of the theatre review.	Completed	Complete	Comms Team / Theatres Together
			UHB Leaders who Listen engagement framework will promote awareness of the 'speaking up safely' process.	In progress	Oct 2025	AD Quality and Patient Safety
			Speaking up Safely is being promoted as part of all staff surveys and the UHB-wide screensavers.	Ongoing	Complete	Head of Organisational Development and Culture
			Staff side representative have held safe space session in main theatres for staff that work in upper main theatres.	Complete	Complete	Perioperative Directorate Team
		Consider support from HCPC and NMC on culture, the code and when to report to the regulator.	Contact the regulatory bodies to access advice on reporting to a regulator and consider how this information is shared.	In Progress	31 August 2025	Director of Nursing Surgery Clinical Board
1g	Celebrate success – feed back to the team when they receive positive feedback.	Implement a range of initiatives to celebrate success and provide feedback.	<p>A range of initiatives have been implemented across all four perioperative areas to promote staff engagement, recognition, and wellbeing. These include:</p> <p>Shout-out boards have been introduced to showcase staff feedback and Greatix</p>	Ongoing	Complete	Education Department and Perioperative Directorate Team

			<p>submissions. Student feedback is regularly shared via notice boards and social media platforms such as Facebook.</p> <p>Positive feedback and team successes are also communicated through WhatsApp groups.</p> <p>The Greatix process has been widely promoted to encourage staff participation.</p> <p>Newsletters are used to highlight good practice and achievements, and wellbeing events, including celebrations for Nurses, ODPs, and HCSW as well as events including bake sales, quizzes etc.</p> <p>The Surgery Star Awards is an opportunity to recognise individuals and teams for their efforts.</p> <p>Staff are encouraged to engage with updates and discussions via Viva Engage. Star of the month process has been positively received within Anaesthetic Practitioners and discussions are underway to t expand this to teams of the month.</p> <p>Communications about the re-runs of the Saving Lives in Cardiff TV programme has been broadened to reflect the contribution of the wider perioperative team as well as the surgeons.</p>			
			Collaborate with the communications team to agree further opportunities to	In progress	October 2025	Perioperative Directorate Team

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			celebrate success aligned to maternity communication			
2h	Sickness panels supported by People and Culture colleagues, to be conducted to ensure consistent approach, with regular attendance by clinical leads or deputies.	Strengthen sickness management with support from people and Culture	Regular sickness panels have been established with Theatre Managers, Lead Nurse, DON and Senior People and Culture Business Partner.	In progress	August 2025	People and Culture / Surgery Clinical Board
			People Services to meet with Theatre Managers on a weekly basis to review the previous weeks sickness cases to support with management of cases	In progress	August 2025	
			Sickness absence training/support to Clinical Leaders	In progress	September 2025	
			Sickness management forms part of the monthly Executive Reviews	Ongoing	Complete	Executive Team
2i	A senior advisor from people services should be allocated to theatres to provide consistent advice for the leadership team.	Appoint senior advisor from Peoples Services to support theatres.	A senior advisor has been appointed to support theatres. A plan is in place to continue this support when the current advisor moves to a new role in September 2025.	Complete	Complete	People and Culture
3b	Review of the workload of the clinical leaders to assess the feasibility of making them supervisory in line with their ward-based colleagues. Share with the team what is expected of the Clinical Leaders in their non-clinical time.	Explore the feasibility of a supervisory clinical leaders team with clear guidance developed to ensure responsibilities articulated.	A review of staffing establishment will be undertaken to identify resource requirements to support clinical leaders in a fully supervisory role Develop guidance for clinical leaders to support a standardised approach to their supervisory duties	Planned	31 October 2025	Theatres Together Team
				Planned	30 September 2025	Education Culture and Organisational Development Team
3c	Clearly define roles and responsibilities and ensure accountability for	Develop a workforce structure with clear lines of reporting and responsibility	A review of Perioperative workforce structures, roles and responsibilities will be undertaken to clearly define with	In progress	31 October 2025	People and Culture

	fulfilling them across the workforce. Consider developing a training needs analysis to support the development of staff.		line management and reporting/escalation arrangements. A large-scale review of all education for all non-medical staff within the Perioperative Directorate will be undertaken to inform an educational strategy and a training needs analysis. That will expand access to leadership, clinical, and Level 7 education programmes and resources delivered internally to the UHB as well as national programmes of education (8m (part 1))	Planned	April 2026	Education Department and Perioperative Directorate Team
5a	Implement regular team meetings for all staff to improve communication and engagement.	Develop a department meeting structure to ensure engagement with all staff.	Clear expectations for engagement and meeting with teams have been set by the Theatres Management Team. Clinical Leaders are supported to meet regularly with their respective teams.	Complete	Complete	Perioperative Directorate Team
			Regular band 7 forums have been established.	Ongoing	Complete	
			Forums for all staff groups are currently being planned.	In Progress	31 September 2025	
			Q&S Sessions are protected and have been changed to all day sessions with rotas arranged to ensure staff have opportunities to attend	Ongoing	Complete	
			A Directorate Management Team (DMT) has been established to provide a structured weekly forum for departments to share staffing updates, operational issues, and key information, promoting consistent communication across the Directorate.	In progress	31 September 2025	

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5b	Consider reinstating the General Manager / Lead Nurse drop-in sessions on a regular basis.		General Manager / Lead Nurse drop-in sessions will be reinstated from September on a monthly basis	In progress	31 September 2025	Perioperative Directorate Team
5c	Regular meetings with General Manager, Lead Nurse, and Theatre Manager with set agenda.		Regular two to one meetings between the General Manager Lead Nurse and Theatre Manager have been re-established	In progress	Complete	Perioperative Directorate Team
5d	Regular meetings with General Manager, Lead Nurse, Theatre Manager and the Clinical Leaders.		A programme of meetings between the General Manager, Lead Nurse and Theatre Manager and the Clinical Leads is being developed	In progress	30 October 2025	Perioperative Directorate Team
5e	Consider implementing the use of team briefs across the entire suite to enhance teamwork. This approach could be beneficial in celebrating success, addressing concerns such as the impact of staff sickness in specific areas, and checking in with staff, particularly following challenging cases.	Implementation of team briefs	Undertake an exercise to map out pathways for support for theatres.	In progress	31 October 2025	Head of Organisational Development and Culture Theatre Managers
			MedTrim response was implemented in June 2025. Twenty-three members of staff have undertaken MedTrim training with further training planned. MedTrim response is supported with a protocol to standardise the implementation of de brief. Roll out has been supported by awareness raising session.	Complete	Complete	Theatres Education and Development Team.
5f	Verify who has UHB email accounts and ensure that all individuals have access. Consider alternative means of mass communication, such at	Provision of emails accounts to all staff	An audit has identified that 25% of theatre staff did not have an activated email account. Communications will be sent to all staff without email addresses with their login details. Communication will include	Complete	31 September 2025	Perioperative Directorate Team

	Theatres SharePoint Site, Viva Engage or Teams channels, instead of relying solely on WhatsApp.		promoting the benefit to staff of accessing their email account, including improved communication within the department and the potential additional benefits to the individual staff members, such as access to NHS discount schemes.			
			A department meeting structure has been developed (action 5a) to ensure engagement with all staff	Ongoing	Complete	Perioperative Directorate Team
6a	Conduct a comprehensive review of rostering practices, including an analysis of shift times and their correlation with late finishes, late starts, and early finishes. Specifically, assess the feasibility of implementing 12-hour shifts within the Recovery teams.	Undertake a review of rostering practices to identify areas for improvement	Undertake systematic review of current health rostering, to include: <ul style="list-style-type: none"> - Sign-off dates. - Requesting process. - Annual leave. 	Ongoing	Complete	Lead Nurse Perioperative with Health Roster Team
			Health rostering learning sessions have been conducted in collaboration with the Health Roster Team and the Corporate Nursing Team to support improvements in workforce planning.	Complete	Complete	Lead Nurse Perioperative Directorate and Health Rostering and Senior People & Culture Business Partner
			Internal Audit will undertake a review of UHB health rostering	Planned	2025/26 financial year.	Internal Audit
			Existing roster templates are currently under review, with a focus on aligning list start and finish times with staff working hours.	In Progress	30 November 2025	Health Rostering Team
		Scope the feasibility of implementing 12-hour shifts	A trial of 12-hour shift patterns is being planned to explore potential benefits for service delivery and staff wellbeing. A draft of the 4-week roster has been prepared, providing a clearer view of how the arrangement would function in	In progress	December 2025	Lead Nurse Perioperative Directorate

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			practice. The plan is to review the numbers against the establishment spreadsheet to see how this would work. Once completed the outcome of the pilot will be presented at the Nursing productivity Group			
		-	Communicate principle that 80% of AL is to be booked by December 2025 for 2026/27 as per UHB rostering policy	Complete	Complete	Lead Nurse Perioperative Directorate
8f	Consider wider use of Tendable to monitor compliance against standards and procedures including use of PPE. This would give more oversight to the Directorate and Clinical Board. IPC colleagues, Clinical Board Director of Nursing, Directorate Lead Nurse, and Decontamination Lead to support ad hoc patient safety walk around and audits against standards.	A programme of Infection prevention and control quality assurance will be developed with clear reporting and exception reporting arrangements	<p>Perioperative directorate will develop a timetable of IP&C audits to be undertaken by Clinical Leaders.</p> <p>These audits will be presented at the Perioperative quality and safety and reported by exception at the Surgery Clinical Board Quality and Safety Forums and the UHB IP&C meetings.</p>	In Progress	31 September 2025	Lead Nurse Perioperative Directorate
8m (Part 1)	Review training on offer for new starters establish if the course is transferable and does it cater for all learners.	Develop a Perioperative Education strategy that supports succession planning	Meet with the University College London to explore their Theatre Workforce Strategy	Planned	31 September 2025	Perioperative Directorate Team

	Explore working with HEI's and HEIW on commissioning a post graduate level 7 perioperative care module.		A large-scale review of all education for all non-medical staff within the Perioperative Directorate will be undertaken to inform an educational strategy and a training needs analysis. That will expand access to leadership, clinical, and Level 7 education programmes and resources delivered internally to the UHB as well as national programmes of education.	Commencing in September 2025 following completion of the workforce review	April 2026	Education Department and Perioperative Directorate Team
		Development of a new starters education programme for all professional groups	Review of new starter education programme has been undertaken, and education and competency booklets have been further developed to support this approach	Complete	Complete	
			Work has been undertaken with HEIW to agree funded places for leadership and organisational development, cardiothoracic study days and Facilitated teaching and learning education.	Complete	Complete	Education Department and Perioperative Directorate Team
			Identify a funding source for resuscitation training for ODP	In Progress	April 2026	

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Report Title:	Transforming Access to Medicines (TrAMs) Outline Business Case (OBC)		Agenda Item no.		7.1
Meeting:	Board	Public Meeting	x	Meeting Date:	31.07.25
		Private Meeting			
Status:	Assurance		Approval	x	Information
Lead Executive :	Paul Bostock				
Report Author:	Sarah Lloyd and Tim Banner				

Background and current situation:

This cover note requests that the Board approve the attached TrAMs OBC with the condition that the agreed actions detailed below and in Executive Summary in the OBC take place with satisfactory resolution prior to FBC production, submission and approval. NWSSP are aware of all considerations outlined in this cover note and are committed to working with CAV and other regional partners to resolve these issues ahead of FBC submission.

The key considerations alongside the OBC are as follows:

- Fair Shares (financial principle)
- OCP & TUPE
- Clinical Trials
- Staffing & Efficiency

Fair Shares

To ensure equity and fairness in the cost and benefits associated with TrAMS, the following fair shares model underpins the model:

Firstly, a fixed contribution to cover the TRAMS fixed costs. This primarily relates to fixed running costs for the facility (pay and utilities, maintenance etc). The volume of drugs ordered in 23/24 per Health Board/Trust has been used for the basis of the apportionment of costs. This will be reviewed on an annual basis to ensure all parties receive proportionate costs/recovery. From a Cardiff and Vale UHB perspective, this is in line with previous discussions and collaboration with NWSSP. It is recommended that this is supported and provides a level of assurance on expected costs for financial planning purposes.

Secondly, there will be a variable element covering drug costs and this will be charged based on actual drugs purchased. In the OBC, activity is estimated using 23/24 levels of activity with 11% annual growth assumed for future periods. Cardiff and Vale will only pay for the drugs ordered. It is recommended that this is supported and is an appropriate mechanism.

OCP and TUPE

CAVUHB continues to hold concerns regarding the proposed workforce transfer approach referenced within the Outline Business Case (OBC); while an Executive

Summary has been included and a risk log has been issued, the fundamental issues surrounding the legal framework for staff transfer remain unresolved.

The OBC continues to conflate the statutory Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) with the All-Wales Organisational Change Policy (OCP). TUPE is a legal obligation which applies where a service provision change occurs and requires that employees assigned to the transferring service move automatically to the new employer with all existing terms and continuity of service preserved. It does not permit a selection or matching process, nor is employee consent a requirement; transfers occur by operation of law unless the individual actively objects.

Despite this, Section 5.6 of the OBC continues to reference the use of the OCP, and language elsewhere in the document implies that employees may be assessed or selected for transfer based on matching and willingness to move; this continues to create a material risk of non-compliance. Furthermore, assurances provided by NWSSP that roles will be available for staff who do not wish to transfer are not consistent with the TUPE framework and could lead to misunderstanding and the assumption of legal guarantees that do not exist.

The approach described is also inconsistent with how current transfers into the TrAMS service are being handled, including the ongoing TUPE process for the Radiopharmacy service at Cardiff and Vale. It is not clear why the same legal framework is not being consistently applied.

Cardiff and Vale, Cwm Taf Morgannwg and Aneurin Bevan Health Boards believe that this would constitute a TUPE transfer. NWSSP has subsequently stated that risks arising from the workforce transfer process will be assessed in partnership with Health Boards and mitigations included in the Full Business Case (FBC).

Outstanding issues to be resolved prior to FBC include:

- This is a TUPE transfer and should be treated as such.
- TUPE applies automatically to staff assigned to the transferring service.
- The use of matching, selection or 'willingness' criteria is inappropriate.
- The OCP should be used post-transfer for service redesign but should not be applied as the primary mechanism for the transfer itself.
- Claims concerning guaranteed redeployment for those objecting to transfer must be clarified as this is not a legal entitlement under TUPE.

Until this legal framework is confirmed, and consistent messaging is adopted across all organisations, the risks to legal compliance, staff engagement, and organisational cost exposure remain.

Clinical Trials

NWSSP acknowledge the importance and complexity of Clinical Trials production and parties have made a commitment to work up a full delivery model before FBC. The initial approach shared will likely be a hybrid model consisting of some (licensed) preparation within the hub, some in a center closer to the acute site (to be determined but potential to work with VCC) and some preparation closer to the bedside (in a clinical area not clean room – new MHRA guidance available). This will take time to work through with engagement meeting planned for NWSSP and R&D/pharmacy within each organization to discuss and agree the proposed model.

NWSSP also acknowledge that there are similarities to ATMP preparation, as it is likely that the solution for clinical trial preparation will be the same solution for ATMPs.

This needs resolution prior to the FBC being finalised.

Staffing & Efficiency

There are several financial risks that are referenced in the Executive Summary in OBC but not fully quantified. The main risks are as follows:

1. Retained CVUHB staff for ordering and dispensing – current estimates indicate that 9 WTE will need to be retained, the cost of these posts will need to be offset against the savings detailed in the case. All parties agreed to re-assess these requirements ahead of FBC:

Role	CAV Requirement WTE	Total Requirement Cost £
Total Retained Staff WTE and Cost	9.00	346,858

Aseptic Hub OBC Year 3 (fully staffed) saving – CVUHB impact	-343,000
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Net cost increase (excluding Classical Manufacturing, Clinical Trials and ATMPs)	3,858
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2. Additional cost through commissioning arrangements for Velindre retained staff – these posts and costs are excluded from the OBC, but will require scrutiny and costing for consideration in FBC
3. Staff that may not transfer to NWSSP that would require redeployment – further understanding and working through of OCP/TUPE principles detailed above with necessary risk management to be clearly costed and articulated for FBC

Appendices *(Please list any appendices that will accompany this report)*

- 1) 7.1a TRAMs South East Wales Hub Outline Business Case v1.1
This can be located in the supporting documents folder on AdminControl and the CAV UHB website.

Recommendation:

The Board is requested to:

- a) Approve the attached TrAMs OBC noting the required actions prior to FBC

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>



Putting People First

1.



Providing Outstanding Quality

2.

Click the objective above to view more detail.		Click the objective above to view more detail.			
<div> Delivering in the Right Places</div> <div>3.</div> <div>Click the objective above to view more detail.</div>		<div> Acting for the Future</div> <div>4.</div> <div>Click the objective above to view more detail.</div>			
Five Ways of Working (Sustainable Development Principles) considered:					
Pr e v e n t i o n		L o n g t e r m	Integration	Collaboration	Involvement
Quality Impact Assessment Completed?					
Yes – (<i>please provide completed QIA document</i>)	No – (<i>Please provide reasoning, e.g. not required</i>)				
Impact Assessment:					
Risk: n.a					
Safety: Yes/No					
Financial: Yes/No					
Workforce: Yes/No					
Legal: Yes/No					
Reputational: Yes/No					
Socio Economic: Yes/No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>					
Equality and Health: Yes/No					
Decarbonisation: Yes/No					

Welsh Language: Yes/No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/ Exec	Date:

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Report Title:	Digital Transformation Review Board Self-Assessment		Agenda Item no.		7.2
Meeting:	Board	Public Meeting	x	Meeting Date:	31 st July 2025
		Private Meeting			
Status:	Assurance		Approval	x	Information
Lead Executive	David Thomas, Director of Digital & Health Intelligence				
Report Author:	Digital Business Manager & Director of Digital & Health Intelligence				

Background and current situation:

As Board members will be aware, Audit Wales is carrying out a review of Digital Transformation across all NHS Wales bodies. The objective of the audit is to understand and assess whether health organisations in Wales have the necessary arrangements in place to use and embed digital to improve the effectiveness and efficiency of services.

The audit work seeks to answer one specific question: Does the health board have the necessary arrangements in place to support and embed effective and safe digital transformation?

A number of audit methods will be used in addition the self-assessment. These include a review of documentary evidence to be provided by the heath board in support of the self-assessment, a series of interviews with key personnel (eg Director of Digital), observation of any relevant meetings (with prior notification) and analysis of any financial or workforce data deemed relevant by Audit Wales in support of their audit work.

To support this, a link for completing the self-assessment was sent via email to all CAV UHB Board members on 9th July requesting completion by the end of the following week

A total of ten responses were completed representing 45% of Board members.

A summary of the responses is attached as Appendix 1.

A document detailing all responses including all comments will be available to all Board members separately via the ‘supporting documents folder’.

Executive Director Opinion and Key Issues to bring to the attention of the Board

A summary of the comments provided within the self-assessment document show board support and awareness of the digital direction of travel with some Board members more engaged and involved.

Most Board members agree that there are effective arrangements for identifying and managing digital strategy risks, and that oversight and assurance mechanisms are in place, but there is less consensus on whether resources are fully committed across the digital transformation lifecycle.

There is a clear recognition of the need for digital transformation and strong Board support, but responses indicate uncertainty or lack of clarity regarding the Board’s vision for Artificial Intelligence (AI) and the comprehensiveness of plans to address digital skills gaps in the workforce.

While engagement with national digital partners and adoption of national solutions are generally viewed positively, several areas, such as digital inclusion, AI risk management, and the replacement of outdated technology, show mixed responses, highlighting opportunities for further assurance and development.

Appendices (Please list any appendices that will accompany this report, please do not embed)

- 7.2a Review of Digital Transformation

Recommendation:

The Board is requested to:

- Note and approve the completed self – assessment document for sharing with Audit Wales

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 Putting People First 1. Click the objective above to view more detail.	x	 Providing Outstanding Quality 2. Click the objective above to view more detail.	x
 Delivering in the Right Places 3. Click the objective above to view more detail.	x	 Acting for the Future 4. Click the objective above to view more detail.	x

Five Ways of Working (Sustainable Development Principles) considered:

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Yes –		No – <i>(Please provide reasoning, e.g. not required)</i>	x	Not required
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Impact Assessment:

Risk: n.a

Safety: n.a

Financial: n.a

Workforce: n.a

Legal: n.a

Reputational: n.a

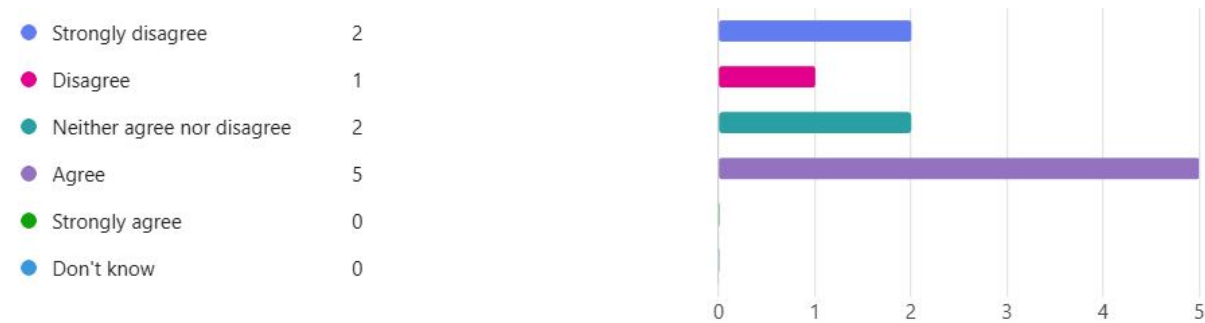
Socio Economic: n.a

Equality and Health: n.a	
Decarbonisation: n.a	
Welsh Language: n.a	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/ Exec	Date:

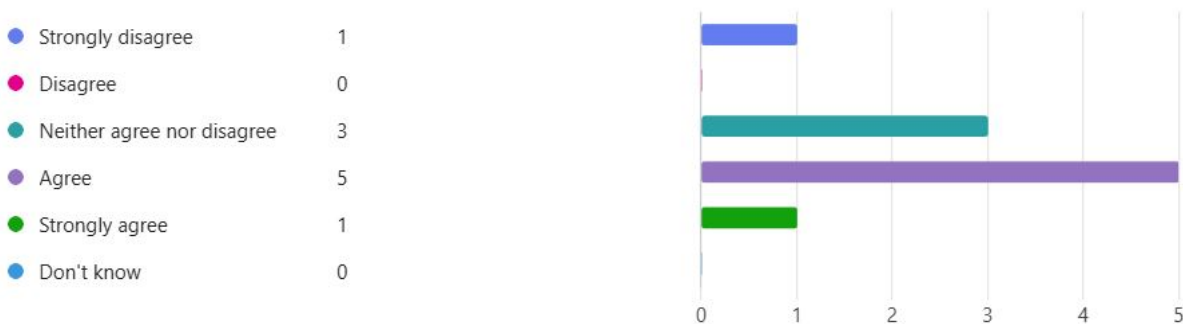
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Review of Digital Transformation – Board Self-Assessment

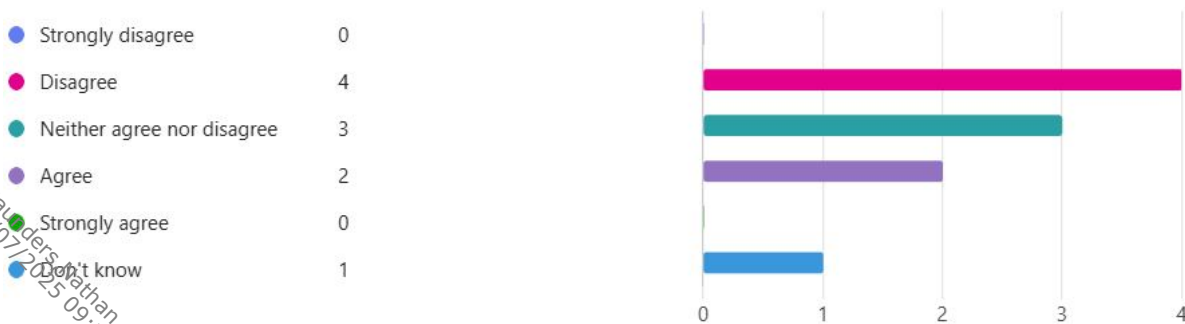
To what extent do you agree/disagree that the Board has articulated a clear vision for the organisation’s digital transformation?



To what extent do you agree/disagree that the Board has a clear plan to commit the resources required to deliver its digital transformation vision?

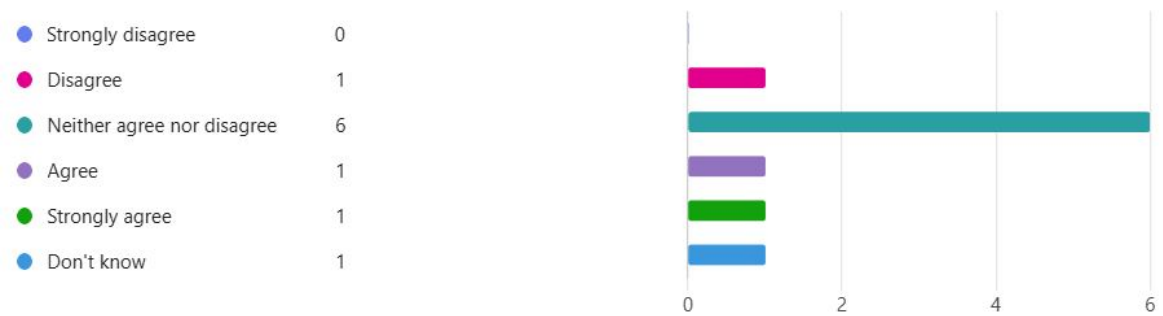


To what extent do you agree/disagree that the Board has a clear vision for how Artificial Intelligence (AI) will be used as part of its wider approach to digital transformation?

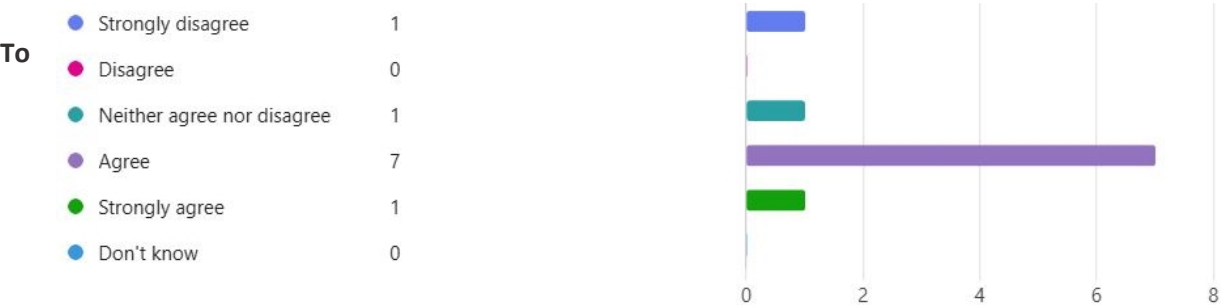


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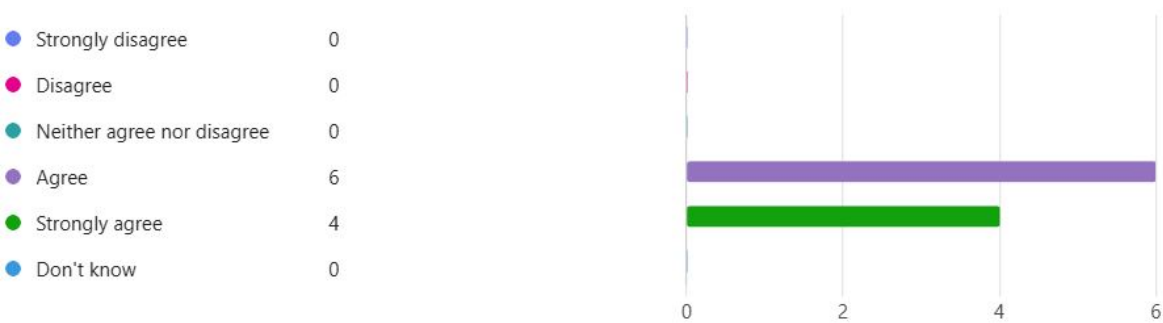
To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has effective arrangements in place for identifying, managing, and mitigating the risks associated with its use of AI?



To what extent do you agree/disagree that the organisation’s Digital Strategy is owned by the Board?

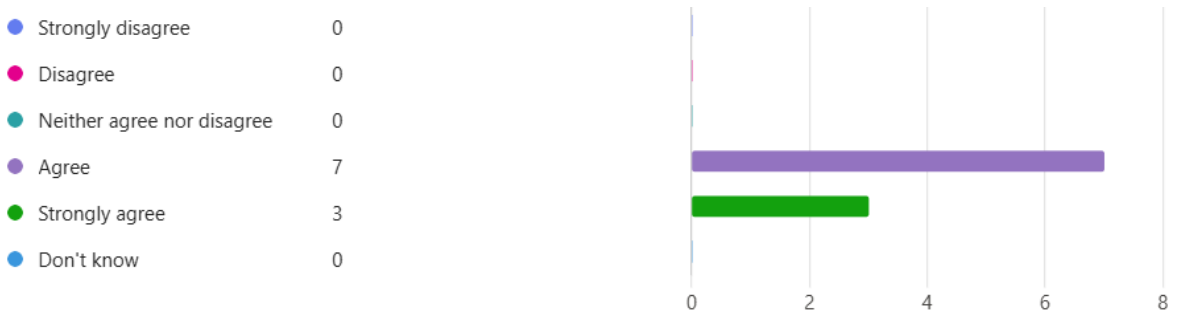


what extent do you agree/disagree that there is sufficient expertise at Board level to effectively guide the organisation’s digital transformation agenda?

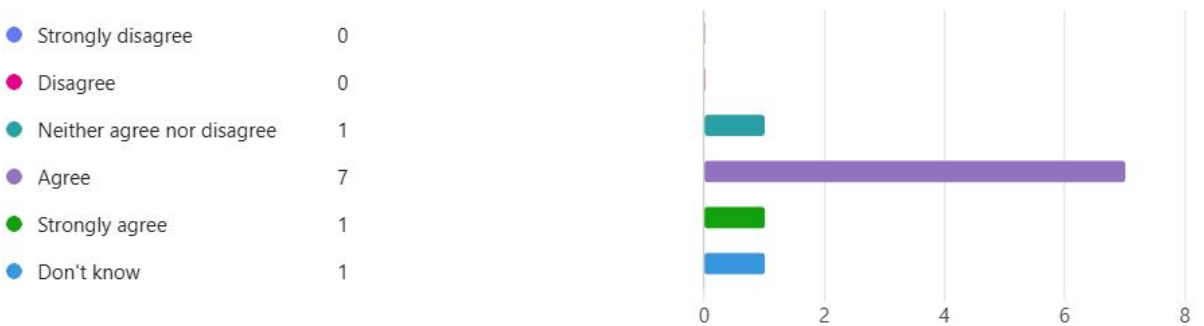


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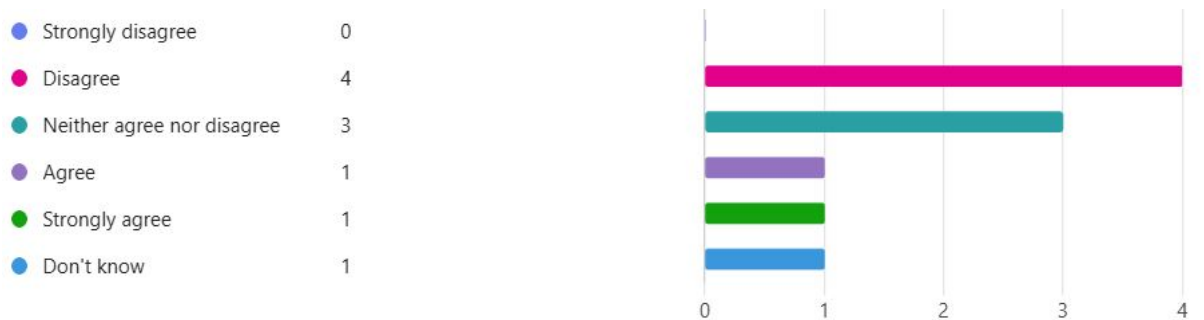
To what extent do you agree/disagree that the Board has clear and effective oversight arrangements in place to support delivery of its Digital Strategy?



To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has effective arrangements in place for identifying, managing, and mitigating the risks to the successful delivery of its Digital Strategy?

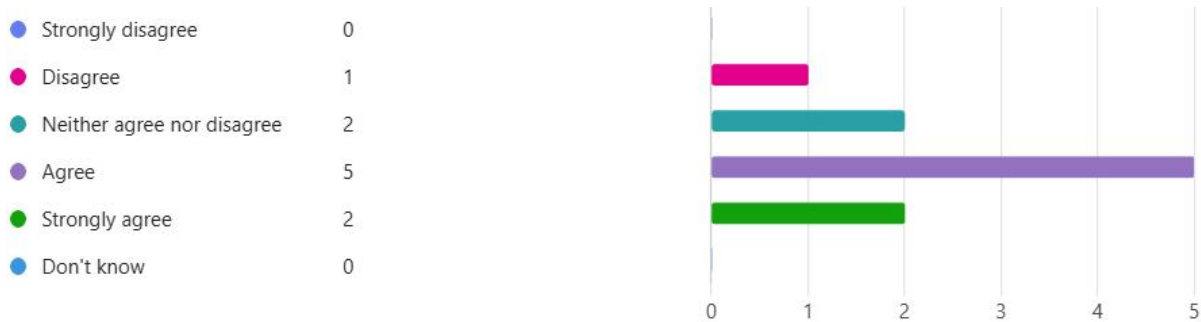


To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has a clear plan in place to address gaps and enhance the digital skills, capacity, and capability of its workforce?

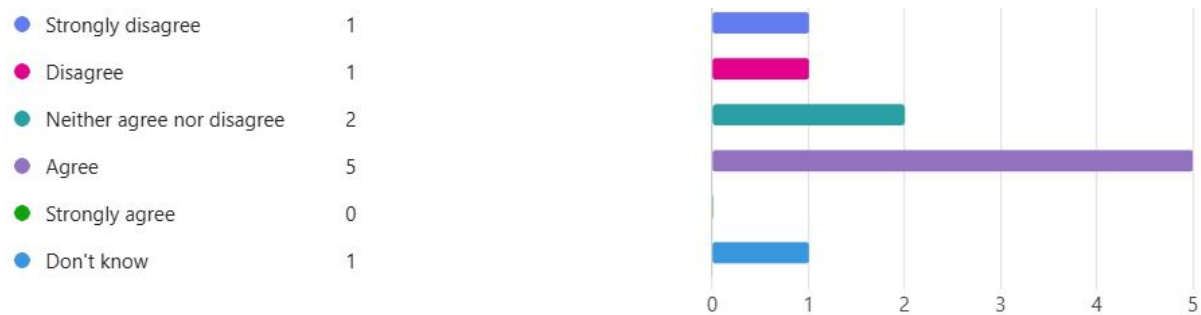


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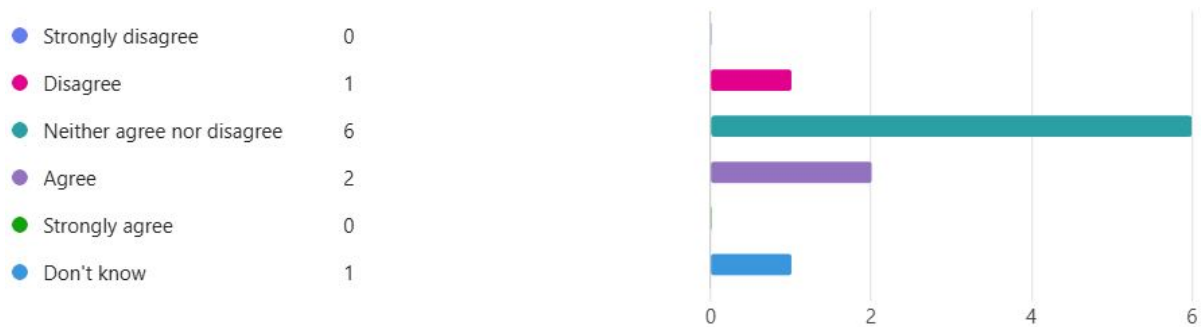
To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has effective arrangements in place for identifying, managing and mitigating current and emerging cyber security risks?



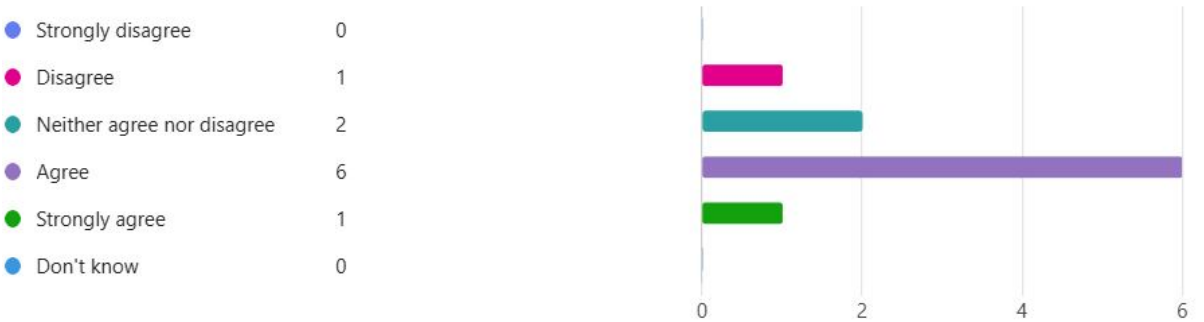
To what extent do you agree or disagree that the Board receives sufficient assurance that the organisation has effective arrangements in place to oversee and replace outdated, unsupported, and obsolete digital software and hardware?



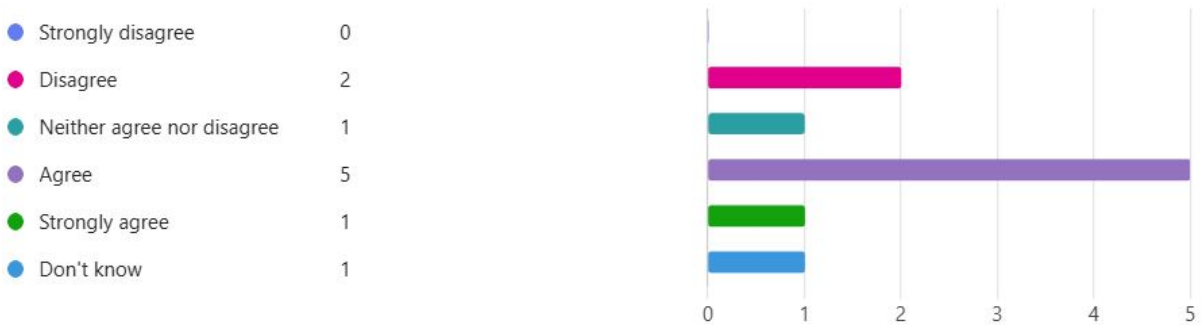
To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has a robust approach to engaging with staff, patients, and service users in shaping digital transformation?



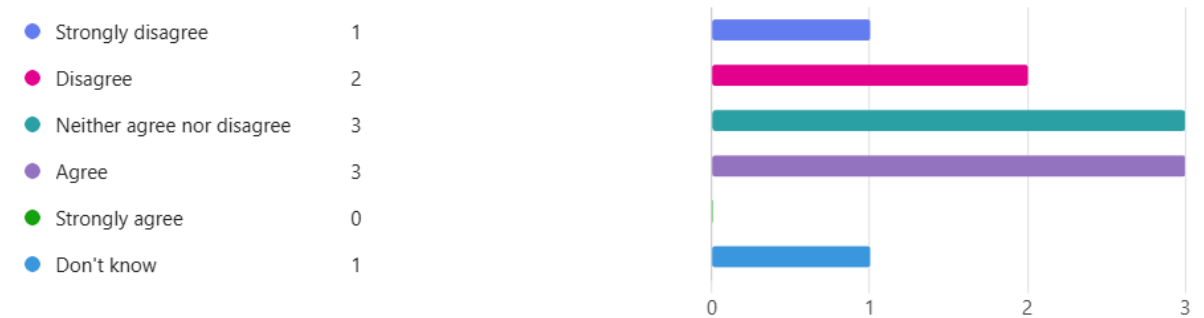
To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation is taking appropriate action to minimise digital exclusion during the roll-out and implementation of new digital and data projects and initiatives?



To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation maintains effective relationships with key digital and data partners, such as Digital Health and Care Wales (DHCW), Health Education and Improvement Wales (HEIW), and Welsh Government?

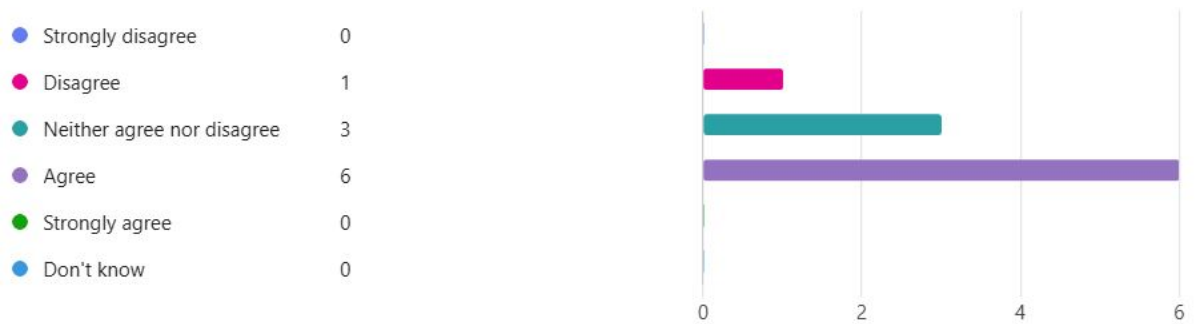


To what extent do you agree or disagree that the Board receives sufficient assurance that the organisation has a clear, coordinated, and resourced programme of local and regional digital and data projects?

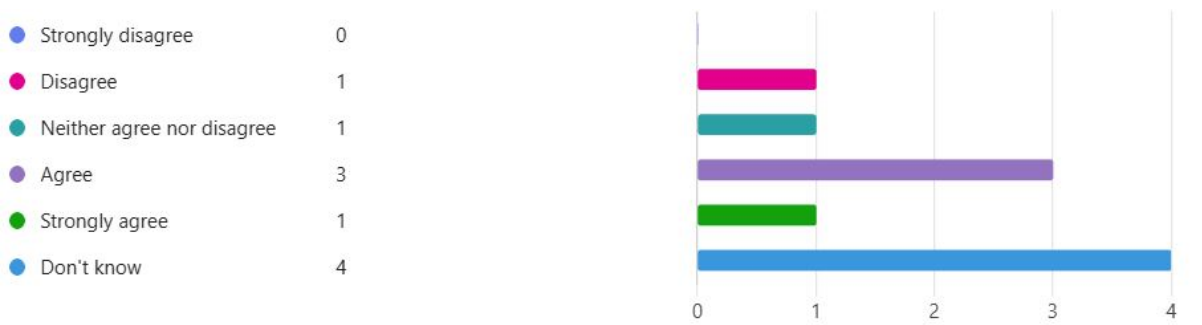


Saunders Nathan
27/07/2025 09:16:36

To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation is actively adopting and rolling out national digital solutions to improve the accessibility, quality, efficiency, and productivity of services?



To what extent do you agree/disagree that the Board receives sufficient assurance that the organisation has effective arrangements for evaluating digital solutions?



Saunders,Nathan
27/07/2025 09:16:36

Summary of Responses

The organisation demonstrates a clear commitment to digital transformation aligned with national ambitions, though financial constraints and evolving strategies impact delivery and investment. Engagement at board and committee levels is evident, with ongoing discussions about digital maturity, workforce development, AI integration, and cyber security.

- **Digital strategy alignment and development:** The organisation has a clear digital strategy broadly aligned with Welsh Government's Once for Wales ambitions, with ongoing development of digital foundation plans incorporating clinical input. However, there is a need for better articulation of the digital vision and its operational integration.
- **Financial constraints affecting digital investment:** The Board supports digital investment but faces significant financial pressures and historic underinvestment, limiting the ability to fully exploit digital transformation and emerging technologies like AI. Resource allocation plans exist but are insufficient for full lifecycle commitments.
- **Artificial Intelligence (AI) strategy and governance:** AI is recognized for its potential benefits and challenges, with some operational use and governance structures developing. However, a comprehensive, Board-approved AI vision and strategic roadmap are still emerging, with ongoing discussions about policies, ethical considerations, and risk management.
- **Board awareness and ownership:** Digital transformation and strategy are regular topics in Board and committee meetings, with dedicated sessions to build awareness and oversight. The Director of Digital and other senior digital leaders actively participate in governance and provide expert guidance.
- **Governance and assurance frameworks:** The Digital and Infrastructure Committee oversees digital transformation, providing updates and assurance on progress, risks, and audits. Digital risks are integrated into the risk register and Board Assurance Framework, though further prominence in risk frameworks is suggested.
- **Digital workforce capability:** The Board acknowledges the challenge of developing digital skills across a large and diverse workforce. While plans and training initiatives exist, comprehensive assessment and strategic workforce development require further clarity and resources.
- **Cyber security focus:** Cyber security is a high priority, regularly discussed at Board and committee levels with updates and assurance provided. However, more detailed and proactive oversight, including a dedicated cyber resilience strategy, is desired for stronger assurance.
- **Communication and engagement:** There is ongoing communication within the organisation about digital strategy and transformation, though wider engagement with patients and staff in developing the digital vision appears limited.
- **Challenges in implementation:** Resource limitations and the need for national or regional approaches impact the pace and scale of digital transformation, requiring prioritization and sometimes foregoing beneficial initiatives.

Saunders, Nathan
27/07/2025 09:16:36

Report Title:	Emergency Planning Annual report to NHS Executive (2024 - 2025)			Agenda Item no.	7.3
Meeting:	CAV Board	Public	x	Meeting Date:	31.07.25
		Private			
Status (please tick one only):	Assurance	Approval	x	Information	
Lead Executive Title:	Chief Operating Officer				
Report Author (Title):	Head of Emergency Preparedness, Resilience and Response (EPRR)				
Main Report					
Background and current situation:					
<p>Prior to 2004 a broad range of civil protection legislation sat across a number of organizations, some of which did not impact the NHS. The introduction of the Civil Contingences Act 2004 swept away the previous legislation and, for the NHS, set out a clear series of regulations. One of the most significant changes was the re-definition of NHS organisations as ‘Category 1 Responders’ to align them with other emergency services including Police, Fire & Rescue and Ambulance services.</p> <p>The Civil Contingencies Act, and accompanying non-legislative measures, delivers a single framework for civil protection in the UK. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1); and emergency powers (Part 2). Part 1 of the Act and supporting Regulations and statutory guidance ‘Emergency preparedness’ establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into 2 categories, imposing a different set of duties on each.</p> <p>Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties:</p> <ul style="list-style-type: none">• assess the risk of emergencies occurring and use this to inform contingency planning• put in place emergency plans• put in place business continuity management arrangements• put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency• share information with other local responders to enhance co-ordination• co-operate with other local responders to enhance co-ordination and efficiency <p>The UHB Board is responsible for:</p> <ul style="list-style-type: none">• having dedicated staff and resources identified to deliver the full range of duties under the Civil Contingencies Act and an identified Executive Board Lead• having arrangements for collaborative working across the Health Board, with the NHS and multi-agency partners, including through the LRF structure• having engagement with the Health Emergency Planning network through the Wales NHS Emergency Planning Advisory Group and with WG Health Emergency Preparedness Unit• ensuring organisational preparedness for emergencies. <p>Internally the responsibility is discharged at Executive level by the Chief Operating Officer.</p>					

Annually the University Health Board is required to report on levels of emergency preparedness to Welsh Government. Responsibility for the 2024 report has transferred to the NHS Wales Executive.

Executive Director Opinion and Key Issues to bring to the attention of the Board:

This paper identifies the level of UHB preparedness in core Emergency Planning / Business Continuity areas.

The paper was discussed, reviewed and endorsed to the Board by the Strategic Leadership Team (SLT) on 19.06.2025

Appendices *(Please list any appendices that will accompany this report)*

1) 4.1a 2024-25 EP Annual Report progress 2025

Recommendation:

The Board is requested to:

a) Approve the response.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

<div>1.</div> <div> Putting People First</div> <div>Click the objective above to view more detail.</div>	<div>2.</div> <div> Providing Outstanding Quality</div> <div>Click the objective above to view more detail.</div>
<div>3.</div> <div> Delivering in the Right Places</div> <div>Click the objective above to view more detail.</div>	<div>4.</div> <div> Acting for the Future</div> <div>Click the objective above to view more detail.</div>

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

P									
r	X	Long	X	Integration		Collaboration	X	Involvement	
e		term							
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes)		No	X	Not required.
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2/3

232/274

Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>	
Risk: Yes	
<i>Identifies the UHB state of readiness to respond to core Emergency Planning / Business Continuity incidents.</i>	
Safety: Yes	
<i>Reflects the UHB's commitment to quality, safety and experience</i>	
Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:
Strategic Leadership Team	19.06.2025

Saunders,Nathan
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NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25

Name of NHS
Organisation

Cardiff & Vale University Health Board
(CVUHB)

Date

TBC

Signature of Chief
Executive Officer

**REPORT HAS NOT BEEN FORMALLY REVIEWED OR SIGNED OFF
AT THIS TIME**

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. The NHS Executive will review reports from across the system, seeking assurance that organisations:

- Mitigate where possible against the risks identified within the NSRA and Wales Risk Register;
- Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber-attacks etc);
- Have appropriate business continuity management arrangements in place;
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command-and-control processes and maintain their skills and knowledge including through CPD opportunities.

Governance

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Chief Executive – Mrs Suzanne Rankin

2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

Chief Operating Officer – Mr Paul Bostock

3. Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.

Head EPRR Mrs Angela Stephenson – Tarini
Managing Director Mr Matthew Temby

4. Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.

Head EPRR Mrs Angela Stephenson – Tarini
Managing Director Mr Matthew Temby

5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

Executive Nurse Director – Mr Jason Roberts
Head EPRR - Strategic forums - Mrs Angela Stephenson-Tarini.
Head of Safeguarding - PREVENT referrals and CHANNEL panel - Mrs Linda Hughes – Jones.

6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES X

7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

Workplan and annual reporting via incremental process of EPRR Strategic oversight group – Senior Leadership Team – Executive Board.

EPRR oversight group meets on a quarterly basis and membership consists of Executive Directors and senior managers in relevant corporate functions and clinical and operational services.

In addition, items can be taken on an ad hoc basis to the Operational Delivery Group.

8. If applicable, who represents your organisation at the Local Resilience Forum meetings?

Multiple meetings and subgroups – various subject matter expert representatives. Primary working groups: -

Executive forum –Mr Matt Temby
Risk – Mr Simon Dring
Mass Fatalities – Mr Scott Gable
Mass casualty –Mr Simon Dring and Dr Melissa Rossiter
Warning and informing – Ms Joanne Brandon

(Several SWLRF groups have been inactive for a considerable time).

9. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board? Please provide detail of your business continuity management arrangements.

Constant on-going process across all service areas.
Policy formally updated post internal audit December 2024.
Multiple live activations within the last 12 months.
Command structure mirrors that of the UHB major incident plan.

10. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and the associated mitigating measures.

Yes. Four identified risks which score 20 and appear on the Corporate register.

• **RISK EPRR /2025-2602**

Significant risk of staff absence severely impacting service provision. Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivalents. Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations Both post holders are close to retirement.

CONTROL

Highly specialist role which is not replicated by any other postholder within the UHB. Neighbouring UHBs has

a larger establishment which affords a greater degree of security and resilience. Business cases to enhance establishment, promote resilience, facilitate succession planning, have not been progressed due to a lack of financial resources.

MITIGATION

Nil.

- **RISK EPRR/2025-2603**

No provision for specialist EPRR advice or presence outside normal office hours.

CONTROL

Historically this provision has been provided on a good will basis, and has not attracted financial recompense. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level.

MITIGATION

The process out of hours will be managed through the Executive Director and Senior Manager on call. A dedicated SMOC training programme has been developed and will be delivered on an ongoing basis.

SMOC course has been written and planned for delivery in Quarter 3 2025. The training course has been shortened and some sessions will be delivered through alternative to face-to-face means. The course has been designed to meet compliance with minimum occupational standards, which will need to be addressed via ad hoc continuing professional development sessions.

- **RISK EPRR/2025-2604**

Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.

Risk event - There is a risk that business continuity planning within the organisation will not be effectively embed.

Risk cause - The team consists of only 2 whole time equivalents. Business continuity is one component of a far-reaching portfolio and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). Do not have the capacity to ensure BC is absolutely embedded within the UHB.

Risk effect - The organisation fails to comply with its statutory duties under the Civil Contingencies Act 2004

CONTROL

This was a significant risk identified within the internal audit process. Whilst the risk remains extant the EPRR team are running both the business continuity forum and individual training sessions with clinical and service boards to further develop the organisational capability.

- **RISK – EPRR/2025- 2611**

EPRR education and training non-mandatory - but essential to meet organisations Statutory compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff.

CONTROL

EPRR team will exercise maximum flexibility and provide as much inhouse training as possible at individual staff base. WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure.

MITIGATION

No assurance at present. for review in new financial year,

Key Areas of Progress 2024/25

11. Please provide details of the key areas of progress against your organisation's EPRR priorities detailed in your 2023-24 Emergency Planning Annual Report.

2023 /2024 stated priorities: -

1)Continuation of staff training – with consideration of mandatory status for core staff groups.

Mandatory status not achieved. Staff training programme continues (subject to UHB wide financial CRP).

2)Enhance communications cascade system – e.g. multitone I pager investment.

Finance to support project not available within Strategic Planning during the last financial year.

Details of costing to be assessed by Capital Investment team in 2025.

3)Strengthening C3 infrastructure (Tactical ICC) and establish Tactical / Operational ICCC at UHL.

Substantial progress made om UHL site. New UHW Tactical ICC transfer incomplete due to IMT

contractor constraints.

4)Review operational opportunities at UHL to support MIP – e.g. accept limited P3 patients.
Unresolved, ongoing discussion.

Major Incident / Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

Formally adopted by UHB Executive Board in June 2023.
Validated via multiple declarations / live activations: -

- 13h December 2023 –Treforest Explosion
- 29th August 2024 - Bay Chambers gas leak
- 10th October 2024 - UHL Bus Crash
- 21st October 2024 – Powys Train derailment
- 3rd December 2024 – Power supply cut at UHL and Barry Hospitals
- 17th December 2024 - CRI Unexploded ordnance (World War 2 UXO)

In addition, C3 structure pro-actively activated on 6 occasions to support POET live exercise / testing regime.

2025/2026 review presently in progress.

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

Following debriefs after live activations cited above.

14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

Please see below as s cannot be answered with a simple Yes/No

15. If NO, what are the gaps and how are these being addressed?

RESILIENT ACTIVATION SYSTEMS

Answer is “Yes” as substantially CVUHB does have an activation process.

However, the UHB has historically used a manual call cascade list via switchboard. This is a time consuming and labour-intensive method. Especially challenging when switchboard staff are operating on minimal establishment. Further it is not easily auditable and does not confirm who is available to respond.

During 2024 the EPRR Strategic Oversight Group supported a significant reduction in the number of key staff requiring immediate notification of the alert and METHANE message to streamline and speed up the process.

Previous review of the Everbridge option resulted in discounting the system due to excessive costs.

Subsequent reviews assessed the feasibility of using the automated Multitone “i message” system. This option was considered highly viable but declined due to financial considerations. The details have been shared with the Capital expenditure team for consideration in 2025/2026 budget allocation.

“Gov.notify” system is used for as the multi-agency alert for Strategic and Tactical Group activation. · South Wales Police have recently agreed to add all CVUHB Executive Directors to this list.

ACTION CARDS

Action cards have been produced for all key postholders / departments. These are reviewed regularly and agreed by relevant clinical staff.

SUITABLY TRAINED AND EQUIPPED STAFF TO PROVIDE FOR A 24 HOUR EMERGENCY RESPONSE

NATIONAL SECURITY RISK ASSESSMENT (NSRA)

The following sections focus on preparedness and risks in relation to some of the highest rated risks within the NSRA and Wales Risk Register. Your organisation’s responses to these questions will inform the NHS Executive’s programme of work in these areas with a view to improving assurance and resilience across NHS Wales. Please provide any supplementary information in support of your responses below.

Threat Mitigation/ Security

16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES X

17. When was your organisation’s Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
01/2025	Ongoing review and testing of key areas by UHB security team as part of their routine workplan. Areas considered as vulnerable / critical include: Childrens Hospital Emergency Department Critical care Theatres Maternity

18. Were any issues identified as a result and if so how has / is your organisation addressing these?

Hospitals are critical institutions dedicated to healing and care, but they also face numerous security challenges that can impact their operations and patient safety.

In today’s environment, it is crucial for healthcare facilities to adopt robust security measures. In light of this CVUHB has developed lockdown guidance. This guidance assists in the prevention of unauthorised access to restricted areas which can lead to compromised patient safety, theft of pharmaceuticals, data breaches, equipment theft, spread of infections, legal and compliance issues, and overall loss of public trust.

In the present climate the UHB remains cognisant of the requirement to protect against those with malicious intent; this could range from a patient with cognitive impairment, aggrieved relative or even an individual intent on committing an act of terrorism.

Whilst physical security measures and the lockdown guidance provide some reassurance and maximise protection of critical infrastructure assets, it must be noted that the number, size and complexity of CVUHB sites means it will be impossible to lockdown the entire site(s). However sequential partial lockdown of key areas can maximise the opportunities for individuals to escape or shelter in a safe place. Whilst the UHB has identified a weakness in the complexity and size of site this is perversely a strength as it will potentially confuse, disorientate and slow down any attackers.

Power Outage

19. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES X

20. Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

The University Health Boards two main acutes sites have independent capability and provisions for multiple emergency generator sets, supporting the whole site with critical areas being served by an N+1 infrastructure.

Detailed and extensive investigations have taken place over the last three years to identify the health boards electrical infrastructure to individual devices that are supported by an integrated uninterruptible power supply (UPS), essential and non-essential circuits and emergency standby generation.

As part of Operation POET (power outage electrical test), the health board undertakes monthly on load generator tests to provide assurance that in the event of a significant power loss our emergency systems operate correctly. This is then enhanced with extended onload generator tests prior to Operation POET, along with the main event which simulates a major power loss to the site for up to four hours.

This exercise proves Capital, Estates & Facilities Business Continuity plans and the estates departments processes to respond to such events, to ensure all site systems, equipment and infrastructure is brought back online within a timely manner.

However, this does not include the detailed clinical business continuity plans.

(Response provided by Gareth Simpson on behalf of Geoff Walsh).

21. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

Throughout Operation POET, several risks have been identified from both an engineering and clinical perspective.

The main key risks noted are that not all areas are supported by a full load generator, this in the event of a major power loss will result in some areas clinical and non-clinical experiencing a power loss. Although the health board is aware of this, Capital, Estates & Facilities are not aware of the clinical boards availability of business continuity plans and procedures for these areas affected by the total power loss.

The other key risk identified in the event of a major power is the provision of fuel management. The health board has several bulk storage tanks of fuel oil, required to continuously run the emergency supply generators, with an estimated duration of 5-7 days depending on load.

Fuel availability from external suppliers would then be dependent on the scale of the power loss and the effects on other industries across the country.

(Response provided by Gareth Simpson on behalf of Geoff Walsh).

Saunders Nathan
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Mass Casualty Incidents

22. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance.

CVUHB standard major incident command and control structure will be used as the basis of any response to a mass casualty event.

We remain mindful and responsive to the additional actions requiring senior clinical and Executive involvement as stated within the DRAFT plan.

Cyber Resilience

23. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES X

24. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

The risk of Cyber-attack is a known organisational risk that is subject to ongoing discussion and assessment. CAVUHB maintain a full suite of Cyber Security controls that are pro-actively monitored to ensure they provide protection against Cyber threats and threat actors.

These mitigating controls include but are not limited to;

- Secure Web Gateways
- Malware scanning and Threat detection
- System Information Event Monitoring (SIEM)
- Email Security
- Network Security
- Multi Factor Authentication (MFA)
- Secure processes and procedures

(Response provided by Della Ashton on behalf of David Thomas).

25. Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

In the last 12 months CAVUHB have introduced a number of proactive Security measures to help mitigate Cyber-attacks and improve our Cyber resilience. This has included delivering a new Secure Web Gateway solution that introduced improved protection from malicious or unwanted downloads and provided controls for secure Cloud usage.

A new System Information Event Monitoring (SIEM) solution has also been introduced, which enabled the Cyber Security team to perform pro-active threat scanning activities.

EPRP and the Regional Organised Crime Cyber Resilience Team will be completing two tabletop exercises in July. There is also an option to deliver a bespoke Executive level exercise which is presently under discussion.

(Response provided by Della Ashton on behalf of David Thomas).

Communicable Diseases and Pandemics

26. Do your business continuity arrangements include plans to respond to a new pandemic?

In the absence of a current pandemic response plan at Wales or UK level, the health board has begun the process of developing its own operational guidance for responding to a new pandemic should one emerge before national plans are agreed.

Workshop sessions were held during February and March 2025 with health board staff, multi-agency partners and the Executive team to gather feedback from the COVID-19 response and agree priorities for the plan. The plan is to be developed over the summer with a view to being finalised prior to the organisation's participation in Exercise Pegasus during the autumn.

(Response provided by Annie Ashman – Deputy Executive Director PH)

27. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The absence of a current national plan to guide response in the event of a new pandemic emerging in the near future.

(Response provided by Annie Ashman – Deputy Executive Director PH)

28. Following the preparedness activity colleagues across NHS Wales undertook during 2024, please describe the organisation's priorities for 2025/6 in relation to HCID preparedness.

- HCID PPE and Fit Test training will continue to be rolled out across relevant clinical teams.
- An exercise is planned to test preparedness should an individual suspected/confirmed with a HCID attend the Emergency Unit. Various agencies, including CAVUHB, will be involved including the Health Protection Team, WAST, EPRR colleagues and PHW laboratory staff etc. There will be a debrief arranged following the event to identify good practice and any areas of practice that need to be improved
- Engagement will continue with procurement colleagues to ensure adequate and appropriate PPE is available to staff as required
- 6 to 8 weekly meetings of the Health Board HCID Group will continue where updates to guidance and preparedness will be discussed
- The Health Board have a Sharepoint page which has all updated guidance and department plans available to all staff

(Response provided by Yvonne Hyde Head of Nursing IP&C)

CBRN

29. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Response to CBRN is referenced within the MI plan; consequences such as denial of access or loss of staff are documented within individual service business continuity plans. Nevertheless this is an area of weakness in our overall state of preparedness.

CVUHB EPRR team has a subject matter expertise in this area. With direct experience with the National CBRN Centre between 2007 and 2015, working in the following areas, training, training design, capabilities team and operations (on call duty manager). He has completed the CBRN Strategic Commander (2024), Tactical Commanders Course (2020), PRPS Trainer (2014), CBRN Tactical Advisor Course (2010), CBRN National Trainer (2006).

We are planning to use this expertise to develop a bespoke guidance document, and to support training and exercising of CBRN response in key clinical areas. Presently communicating with UHB Radiation Protection Supervisors and specialist Radiation Protection Advisors at Velindre NHS Trust in order to clarify roles and responsibilities.

30. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

The Emergency Department currently has compliance of 72% amongst Registered nurses. They have all received an update on their response role in a CBRN incident within the past 12 months.

To date, this has been covered on team days, where the Major Incident Nursing lead has gone through the protocol, shown them where the equipment is kept, and walked through the steps with staff so that they can see where the patient would be directed for both decontamination and definitive care.

CBRN response is going to be covered in the 2025/26 training plan. To include training in the new HCID PPE and the CBRN response.

(Response provided by Lowri Warren. Senior Nurse for Education, Recruitment & Retention. Emergency & Acute Medicine)

31. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

CVUHB has partner agencies on site that hold radiological sources that fall within the High Activity Sealed Sources (HASS) regulations and Laboratories that hold Pathogens and Toxins which fall under Schedule 5 of the Ant Terrorism Crime and Security Act.

- The HASS regulations are overseen by Natural Resources Wales (NRW) with the assistance of the Counter Terrorism Security Advisers (CTSA's) from Counter Terrorism Policing (Wales) and the organisations which hold the sources are required to have security in place that complies with the regulations.
- Any Laboratory holding pathogens and toxins under schedule 5 of the Anti-Terrorism Crime and Security Act is required apply to the Home Office licence to hold them, and security is assessed again by the CTSA's.
- The present HASS sources and laboratories within the CVUHB estates footprint comply with the security requirements.

(Response provided by Simon Rees CTSA at South Wales Police).

Training and Exercise

32. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES ☐

Please describe these below and provide a copy of your lessons identified register if one is held locally.

Any lessons identified are reviewed at the EPRR Strategic Oversight group and allocated as appropriate. This is documented in the meeting minutes.

JOL online (JESIP Joint Organisational Learning) is also reviewed and any lessons which may have an impact on the HB are also taken to the EPRR Strategic Oversight group for review and consideration.

33. Please provide the dates during 2024/25 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
2024	Fully compliant with WAST quarterly major incident and MERIT deployment test call schedule. 26th April 2024 – Test 20th July 2024 – Test 29th August 2024 – Live activation 21st October 2024 – Live activation (Response provided by Patric Rees WAST Business change and assurance manager)
2025 Plan	24th March 2025 Weekday in hours W/C 16th June 2025 No Notice Weekday (09:00-17:00) 16th August 2025 Out of Hours Weekend (09:00-17:00) 26th November 2025 Weekday Out of Hours (18:00)

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise – Major Incident
June 2024	Exercise Michaelston. Railway incident. Derailment of freight train onto highway. Adult and paediatric casualties and fatalities.
Oct 2024	Exercise Michaelston – ED specific exercise
Oct 2024	Exercise Argo. Maritime incident. Collision of pleasure cruiser and speedboat in Cardiff Bay. Paediatrics and DVI focus.
Oct 2024	Cardiff Airport Airline incident. Crash with mass fatalities. (LRF wide)
Feb 2025	Mass fatal overdose poisoning – synthetic opioids.
Feb 2025	ACT Counter Terrorism. Bladed implement scenario.
Mar 2025	Exercise Icarus. Mass fatality and disaster identification following aircraft crash. (UKDVI and AAIB to delivery: Ex Icarus.
Date	Details of tabletop training exercise – Business Continuity
Dec 2024	Pandemic internal response.
Mar 2025	Pandemic external partner agency response.

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
17/07/24	Tower Block 2 – Utility failure
26/07/24	Lakeside Wing – Utility failure

29/07/24	Childrens Hospital for Wales (Phase 2) - Utility failure
22/08/24	Emergency unit – Utility failure
31/08/24	Maternity unit - Utility failure
31/08/24	Childrens Hospital for Wales (Phase 1) - Utility failure
19/09/24	UHW Operation POET Main Event – Full electrical shutdown,
18/10/24	UHL Operation POET Main Event – Full electrical shutdown.
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	Prescheduled live testing of electrical system scheduled for 2025.
19/09/25	UHW Operation POET Main Event – Planned electrical shutdown, Scheduled Date Friday 19th September 2025.
21/10/25	UHL Operation POET Main Event – Planned electrical shutdown. Scheduled Date Tuesday 21st October 2025.

34. Has your organisation had to initiate your major incident / emergency plan between April 2024 to March 2025?

YES X

a. If YES, what was the nature of the incident?

Bay Chambers gas leak

University Hospital Llandough Bus Crash

Powys Train derailment (Stand by)

Prolonged electrical power supply cut at UHL and Barry Hospitals – emergency cable replacement

Cardiff Royal Infirmary Unexploded ordnance (World War 2 UXO)

b. Were post-event reports produced for these incidents? YES X

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

No - Not applicable for the incidents experienced during 2024. Internal facing incidents dealt with by means of single agency debrief. No relevant lessons identified that required sharing externally.

35. Have you undertaken an assessment of staff training needs in relation to your Major Incident / Emergency Plan?

YES X

Please provide further information of the needs identified through this process.

Ongoing comprehensive assessment. All senior on call managers asked to self-assess against National Occupational Standards and key performance indicators for knowledge / skills / experience.

Throughout 2025/26 this will be extended to include Executive Officers and Clinical Board senior management teams.

36. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES X

Please provide further details including

	Number	Training Provider
Number of staff trained in Gold roles	16 (still in post)	CVUHB EPRR
Number of staff trained in Silver roles	3 (During 2024)	CVUHB EPRR
Number of staff trained in Bronze roles	102 (During 2024)	CVUHB EPRR
Number of your Executive Team who've attended Wales Gold in the last 3 years	3 Still in post +3 (Retired or relocated)	Aur Cymru
Number of Senior Managers who've attended Wales Gold in the last 3 years	3 (Still in post) +3 (Retired or relocated)	Aur Cymru

NB – Priority for Executive Director level. Insufficient training spaces for facilitate succession planning with senior managers or clinical leaders. This has previously been reported via LRF / JESG / EPAG.

37. Please provide details of any training and exercise undertaken during 2023/24 to embed the Charter for Bereaved Families within your organisation.

Chaplaincy and Bereavement Support teams are involved in training exercises organised by the Emergency Preparedness, Resilience and Response Manager. The most recent being in October 2023 where they undertook an All-Wales mass casualty exercise.

They are part of the Mass Incident Protocol whereby they are allocated specific roles to undertake in the event of a major incident; this includes providing support to those involved in the incident and their family and carers.

The Health Board Volunteer Service would also be tasked with undertaking specific duties, alongside third sector agencies, such as the Red Cross, who support the Mass Incident Protocol.

(Response provided by Angela Hughes Assistant Director of Patient experience).

Communication

38. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES X

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Please provide details.

All partner agencies referenced within our major incident plan are consulted annually. They are given the opportunity to review, and where necessary update their role or responsibility.

In addition, a UHB representative attends Multiple routine forums which can be used for this purpose: -

- Cardiff Local Authority – PROTECT & PREPARE board
- Counter Terrorism Policing Wales - Wales PREPARE delivery group
- Cardiff & Vale Local Authorities – CONTEST Board
- Local Resilience Forum - Business action review group (BARG)
- Local Resilience Forum – Coordination and delivery group
- Local Resilience Forum – Executive Forum
- Local Resilience Forum – Multi agency Mass Fatality
- Local Resilience Forum - Risk group
- NHS Executive
- South Wales Mass Fatality group
- South Wales Police Unit 2 – PREVENT
- South Wales Police force planning unit – Disaster Victim Identification
- South Wales Police – Operation Tarian – Regional Organised Crime Unit.
- Vale PREVENT delivery group
- Welsh Ambulance – Pre-Hospital Coordination Group
- Wales learning and development group
- Welsh Government - Emergency Planning Advisory Group (EPAG)

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Assurance

39. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	X		Achieved via combination of internal Corporate Governance and audit review. group. Reported via EPRR Strategic oversight group.
2) Put in place Emergency Plans	X		Standard Operation Procedures in place for an array of circumstances. Examples: <ul style="list-style-type: none"> • Major Incident • Bomb / Suspicious Package • Threat response • Adverse weather
3) Put in place Business Continuity Management arrangements	X		Executive lead provided by COO, and Business Continuity a standing item on the EPRR Strategic oversight group chaired by the executive Director Strategic Planning. Identified leads for each clinical and service board who meet with EPRR manager bimonthly to assess and progress arrangements. 2024 /2025 Internal audit report acknowledged substantial compliance in ensuring appropriate command structure and communications are in place in the event of a continuity event occurring. Overall rating of reasonable.
4) Share information with other organisations to enhance co-ordination and efficiency	X		JESIP principles applied on a multiagency basis via the LRF structure.
5) Cooperate with other organisations to enhance co-ordination and efficiency	X		As per answer 38.
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	X		Strategic Communication and Engagement team have extensive knowledge in this area. They are represented at both Strategic and Tactical incident management team level within the UHB.
7) Do you have an EPRR lessons identified, and lessons learned procedure within your organisation that feeds into EPAG?	X		There is a process – but there has been no requirement to report into EPAG during 2024.

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Priorities

40. What are your priorities for 2025/26 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

A combined review of NHS England core standards benchmark; NSRA 3 tiers, and the principles of good practice have all informed the 2025/26 EPRR work plan. In addition to long established generic training the team will give additional emphasis to:

- CBRN – including response to attack/ deployment of countermeasures / Chemical suicides.
- Cyber security – Workshops with the Regional Organised Crime Unit.
- Influenza Pandemic – Actively supporting UHB Public Health teams to develop a response plan.
- Power outage – Actively supporting CEF teams.
- Protection of Premises Act 2025 – Provide expert advice to the UHB on the operational impacts and legal considerations.
- Embed National Minimal Occupational Standards (EPRR) in all education packages – enhance senior manager compliance with specialist training.

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure;**
- **a copy of your local EPRR risk register where available;**
- **an organisational chart setting out your organisation's emergency response structure; and**
- **any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 31 July 2025.

By email to: Sophie.Barrett@wales.nhs.uk

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Report Title:	Committees and Advisory Groups Annual Reports 2024-2025			Agenda Item no.	7.4
Meeting:	Board	Public	x	Meeting Date:	31.07.2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>The purpose of this report is to seek the Board’s approval to the Annual Reports of the Board’s Committees.</p> <p>Committee Annual Reports</p> <p>The Board must ensure that the Chairs of all Committees operating on its behalf formally, regularly and on a timely basis report to the Board on their activities.</p> <p>Attached at the appendices (which can be found in the Supporting Documents Folder on AdminControl or the Cardiff and Vale UHB website) are Annual Reports for the following Committees of the Board:</p> <ul style="list-style-type: none">• Audit Committee• Charitable Funds Committee• Mental Health Legislation Committee• Digital & Infrastructure Committee• Quality Committee• Finance & Performance Committee• People & Culture Committee <p>These have all been reviewed by the respective Chairs and/or Committees prior to submission to the Board for approval.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board					
<p>Chairs of Committees report to the Board after each of their meetings in a document called ‘Chairs report to the Board’. This is to ensure the Board is aware of discussions at a Committee as soon as possible after the Committee but before the minutes are actually approved by the Board. This provides timely assurance to the Board that the Committee is adhering to its duties set out in its Terms of Reference.</p> <p>In addition to the regular reporting to the Board Chairs of Committees are required to do an Annual Report to the Board. This report is written by the relevant Corporate Governance Officers for the Committee and approved by each Committee Chair prior to submission to the Board.</p>					
Appendices:					
<p>All of the Committee Annual Reports can be located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.</p>					
Recommendation:					

The Board is requested to:

a) **Approve** the Annual Reports from the Committees of the Board

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First		 Providing Outstanding Quality	x
 Delivering in the Right Places	x	 Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Board Committees

During January 2025 to May 2025

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Appendices *(Please list any appendices that will accompany this report)*

None

Recommendation:

The Board is requested to:

- a) **NOTE:** the progress made to deliver the estate rationalisation programme
- b) **APPROVE:** the declaration of Denbigh House, Carmarthen House, Brecknock House and the Sports & Social Club as surplus to requirements
- c) **APPROVE:** the declaration of Glamorgan House and Monmouth House surplus to requirements subject to the satisfactory relocation of the services currently occupying the buildings
- d) **APPROVE:** the receipt of the Tenovous Building from CU and the declaration of the building as surplus to requirements
- e) **APPROVE:** the submission of a request to the Cabinet Secretary for Health and Social Care for the demolition of the buildings identified in (b), (c) and (d) above.
- f) **APPROVE:** the recommendation to seek funding support from WG to progress the demolition, clearance of the site and construction of at grade car parking on the areas of the former residential blocks and a bus/transport hub on the land of the Sports and Social club.
- g) **NOTE:** the undertaking of a procurement exercise to appoint a suitable contractor to undertake the demolition works
- h) **NOTE:** the submission of a planning application for the initial phase of the demolition works to include Brecknock House, Carmarthen House, Denbigh House and the Sports and Social club to include the construction of additional car parking capacity on the areas of the former residential blocks and a bus/transport hub on the land of the Sports and Social club.
- i) **NOTE:** the intention to submit a second planning application to include Glamorgan House, Monmouth House and the Tenovous Building when a timeline for vacant possession is determined.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

1.	 Putting People First		2.	 Providing Outstanding Quality	
	Click the objective above to view more detail.			Click the objective above to view more detail.	
3.	 Delivering in the Right Places	√	4.	 Acting for the Future	√
	Click the objective above to view more detail.			Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered:									
Prevention		Long term	√	Integration	√	Collaboration	√	Involvement	√
Quality Impact Assessment Completed?									
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)							
Impact Assessment:									
Risk: Yes									
A number of buildings have been vacated and have become areas of increased anti-social behaviour and vandalism. Concern would be that arson is a possibility									
Safety: Yes									
During demolition activity appropriate protection including temporary pedestrian routes will be required to ensure the safety of patients staff and visitors accessing the site									
Financial: Yes									
As identified in the body of the paper funding will be required from WG to progress the works. However, as a result of the vandalism the UHB (CEF) have incurred additional costs associated with security of the sites.									
Workforce: No									
Legal: Yes									
Requirement to obtain Planning consent to allow for the demolition of the buildings									
Reputational: No									
Socio Economic: No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES									
Equality and Health: No									
Decarbonisation: Yes									
Reduction in energy									
Welsh Language: No									
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec				Date:					

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Report Title:	Corporate Risk Register			Agenda Item no.	8.2
Meeting:	Board Meeting	Public	x	Meeting Date:	31.07.25
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	x
Lead Executive (Title):	Director of Corporate Governance				
Report Author (Title):	Corporate Archivist and Records Management Manager				

Main Report

Background and current situation:

The Corporate Risk Register ("the Register") has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The register can be located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

Our risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team is working to streamline and digitise this process across the Health Board by implementing a new Risk module within the AMaT (Audit Management and Tracking) system. As early adopters of this evolving module, we have had the opportunity to trial its functionality and participate in regular workshops to provide valuable feedback for system enhancements. These improvements will help create a more robust system for all Clinical Boards and Directorates.

In parallel, comprehensive project plans and implementation schedules have been developed in collaboration with the Shaping Change Team to ensure a smooth transition throughout the Health Board. Our goal is to make the transition as seamless and manageable as possible, while minimizing any impact on workloads. To date trials have been conducted with Medicine Clinical Board, Capital and Estates, Health & Safety and Emergency Planning Response & Resilience (EPRR), Local Public Health, Decarbonisation, Clinical Safety Group and the All Wales Medical Genomics Service (AWMGS) in an aim to ensuring robust data and user feedback/improvements are gathered and implimaented.

As of the 1st August a Health Board wide Task and Finish Group will be established. The aim of the group is to support the delivery of the Digital Risk project in the following areas: Data mapping, AMaT Training and the communication and rollout across the clinical boards and Directorates.

By supporting these areas, the task and finish group will ensure that the project is delivered in a timely manner and contribute to the UHB transferring from managing their risks in excel to the digital solution. Invitations to monthly meetings for the remainder of 2025 have been shared with all risk owners/representatives, with progress updates to be shared with Strategic Leadership Team by Nov 25.

Appendices (located in the supporting documents folder):

1. Corporate Risk Register
2. CEF – Corporate Risk Register

Executive Director Opinion and Key Issues to bring to the attention of the Board

The Corporate Governance Team (“the Team”) continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board’s Risk Management and Board Assurance Framework Strategy and associated procedures.

The Team’s predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers.

The Board should note that Clinical Board risks are also monitored and scrutinised at Monthly Clinical Board Review meetings. Clinical risk is addressed through the Clinical Safety Group governance framework.

The risks presented in the register can be viewed through a lens of cause and effect. There is an identifiable pattern from a cause perspective that predominantly falls into estate and infrastructure risks with a proportion that also fall under the umbrella of workforce. In line with monitoring the financial position, 2 new finance risks have been identified which have been incorporated into the Corporate Risk register

The Capital, Estates, and Facilities (CEF) risk register is now reported by discipline and has been introduced so that risks can also be identified in general terms, due to volume these are now provided in a separate appendix.

The Director of Corporate Governance continues to review the risk register in order to establish a coherent structure of risk moderation and engagement across the Health Board. Work is ongoing to work with Clinical Boards and other areas to refine the risk register in parallel to Clinical Board reviews etc.

Summary of updates within July 2025 Risk Register

Board/Directorate	Info
All Wales Medical Genomics (AWMGS)	No risks ≥20 to report
Capital Estates & Facilities (CEF)	6 x Risks added 5 x Risks removed/mitigated/closed
Children and Women	9 x Risks removed/mitigated/closed Outcome - No risks ≥20 to report
Finance	2 x Risks added various updates
Health & Safety	No risks ≥20 to report
Mental Health	1 x Risk added 1 x Risk removed/mitigated/closed
Primary Community & Intermediate Care	1 x Risk added 1 x Risk removed/mitigated/closed
People & Culture	No risks ≥20 to report
Surgey	1 x Risk added

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The presence of risk registers in CB and Corporate planning functions e.g. Capital and Investment decisions.
- The programme of education and training that is being implemented by the Corporate Governance team to ensure that the Health Board’s Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board’s Risk Management processes.

- Mapping of risk across departments and directorates and aligning it to the evolving strategy and planning work.
- Imminent introduction of digitalised platform to track and manage all risks ratings providing increased awareness through dashboards and data reports.

Recommendation:

The Board is requested to:

Note the Corporate Risk Register and the work in this area which continues to progress.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.	 Putting People First Click the objective above to view more detail.	X	 Providing Outstanding Quality Click the objective above to view more detail.	X
3.	 Delivering in the Right Places Click the objective above to view more detail.	X	 Acting for the Future Click the objective above to view more detail.	X

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term		Integration		Collaboration		Involve ment	
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Quality Impact Assessment Completed?

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)	X	No – (Please provide reasoning, e.g. not required)	X	Not required
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.

Safety: No

Financial: /No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec

Date:

CORPORATE RISK REGISTER JULY 2025

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Actions	Target Risk			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Clinical Diagnostic & Therapeutics	CRR2	14/11/19 Updated 01/10/2024	<p>Issue: Equipment Risks - ageing equipment across the clinical board including:</p> <p>1. NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients. Risk/ Impact: increasing frequency and severity of breakdown affecting both rooms delays to patients treatment</p> <p>2. Air handing and chiller units - not in place, subject to regular breakdowns, affecting temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners.</p> <p>Risk/Impact: Loss of service, regulatory failure leading reputational damage, delays for patients .</p> <p>3. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage</p> <p>Risk/Impact: results in inability to use the system to deliver specimens in a timely manner, causing delays for patients. Time taken by laboratory staff to manage problems</p> <p>4. Pharmacy isolator failure</p> <p>Risks/Impact: impacts ability to make 700 doses per week of pre-filled syringes, repatriation of work back to wards with potential increase risk of error on wards where several dilutions would be necessary or increase cost associated with purchasing from special manufacturer.</p> <p>5. Autoclaves in Pharmacy.</p> <p>Risk/Impact: There is a risk that the autoclaves may fail or fail to sterilize effectively. They are used on a weekly/thrice weekly basis to undertake terminal sterilization. The impact to staff should the pressure valve fail would be catastrophic. A failure to sterilise effectively and if undetected through other assurance means would cause a fatal impact on the patient. The inability to use the sterilizers would have an impact to business and availability of product to customers and patients.</p> <p>6. Pharmacy - uses the Tempulog system for continuous temperature monitoring of all refrigerators, freezers and critical ambient areas to assure the appropriate storage conditions for medicines are in accordance with regulatory requirements. Current stock levels of refrigerated medicines are estimated at £950k with £500k being held in one cold room alone. This carries significant risk in the event of a single point of failure. Consequently, there is no longer a maintenance service for the system in the event of break down or replacement parts. Risk/Impact: Compliance with regulations set out by the MHRA to maintain our MS Specials license at Llandough Aseptic Unit for the manufacture of sterile aseptic products is at risk if medicines particularly high risk sterile injections cannot be guaranteed to have been stored at the correct temperature with resulting patient safety risks.</p> <p>7. Ageing laboratory equipment in celular pathology laboratory: stainer, coverslipper and printmates</p> <p>Risk/impact, risk that aged equipment would not be able to be repaired following breakdown, repair contracts will no longer be provided by the supplier and spare parts may be unavailbale to maintain equipment. this would lead to delays in patients diagnosis</p> <p>8. CT2 scanner is 15 yrs old and has been identified as producing poorer image quality and requiring higher dose radiation compared to other UHB scanner</p> <p>Risk/Impact Higher risk groups have been identified as unsuitable to use CT2 and as such has placed furtherwork on remaining CT scanner in UHW leading to longer waits, where they can't be accommodated and CT2 is used some patients have been required to be recalled due to image quality</p> <p>9. Ageing POCT blood gas devices Risk/Impact: devices unable to be repaired, potential data loss from older machines, connectivity issues</p> <p>10. Clinical Engineering tailift van is overdue replacment Risk/Impact Should this van fail there would be no other means of taking equipment to and from UHW/UHL/Fieldway, leading to delays and unavailability of equipment in clinical areas</p>	5	5	25	Capital planning programme	5	4	20	"1. Replacement programme commenced for NVA 1 and 2 in July 2024 2. Capital replacement bid to be submitted for air handling and chiller units 3. Explore options to purchase new system and how best to manage future maintenance of the system with estates colleagues 4. &5. Engage with TrAMS project for proposed regional solution to sterile production units 6. Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved 7. Capital replacement bid to be submitted, source a new company who would be willing to service and repair ageing equipment 8. Scheduling adjusted, bookings reviewed daily, DRL audits. On schedule for All Wales level for Radiology Equipment, likely to be replaced by 2026 9. POCT to contact procurement to complete tender process 10. Support from procurement to progress with options for replacement	4	2	8	Sep-25	Strategy & Delivery	Capital Estates Patient Safety
	CRR3	14/11/2019	<p>"Estates Risks" The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare.</p> <p>Significant aggregated risks across the Clinical Board Directorate risk registers including:</p> <p>1. Mortuary - failure to meet HBN20</p> <p>Risk/Impact: Potential for improvement notice or closure from the regulator (HTA), poor experience for bereaved</p> <p>2. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank.</p> <p>Risk/ impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation, delays to patients.</p> <p>3. Health Records - inadequate storage capacity across departments,</p> <p>Risk/Impact: loss of security of the Health records, potential for data loss, health and safety risks to staff, difficulties in tracking of medical records</p> <p>4. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW</p> <p>Risk/Impact: Poor staff experience, no space to clean returned equipment</p> <p>5. Insufficient accommodation for a number of clinical board services including- Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, Physio, Cedar and WEQAS</p> <p>Risk/Impact:Poor staf experience. Health and safety risks and inability to grow service impacting on potential for income generation</p> <p>6. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, most significantly Pharmacy in UHW and Radiology UHW</p> <p>Risk/ Impact: inability to deliver services, poor staff and patient experience, health and safety concerns, damage to records in UHL main OT department</p> <p>7. The viability and sustainability of an ageing facility in PSU at UHL</p> <p>Risk/Impact: Possible closure from the regulator</p> <p>8. Insufficient space for New born screening expansion in line with WG requirements</p> <p>Risk/Impact: Risk of inability to deliver the severe combined immunodeficiency and Tyrosinaemia testing, without timely diagnosis and early treatment prognosis for babies is poor</p> <p>9. Power failure within Peads Radiology-Octopus</p> <p>Risk/Impact If power fails repeat imaging may be required, for children requiring anaesthetic for imaging may require repeat anaesthetic</p> <p>10. Electrical supply to UHL potential to fail with delays to back up supply or fluctuations in supply leading to insufficient time to power down CT scanner</p> <p>Risk/Impact:Expensive damage to CT scanner and associated downtime leading to loss of activity</p>	5	5	25	"Capital planning programme	5	4	20	1. Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies. Accommodation rquest submitted to use some space vacated by Cardiff Uni 2. Put in place recommendations from internal audit of medical records storage and security 3-6.Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Raise requests through accommodations working group 6. Engage with TrAMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following MHRA inspection and cessation of Radiopharmaceutical production. Working through plans for PSU closure towards end of 2025/2026 7. Laboratory space identified, a/w funding agreement from WG for refurbishment works required 8. Electronic switchable plug trip unit has been adjusted by electrical protetion specialist, continue to monitor the system to assess effectiveness 9. The minimum power required for scanner has been shared with estates colleagues to work through potential solutions.	4	2	8	Sep-25	Strategy & Delivery	Capital Estates Patient Safety
	CRR4	14/11/2019	<p>Regulatory Compliance and Accreditation</p> <p>Non compliance with regulatory and accreditation requirements</p> <p>Risks/ Impacts:</p> <ul style="list-style-type: none">- impact on service delivery and patient safety (potential for cease and desist of service)- reputational risk- financial risk e.g. loss of income, fine for breach of statutory duty- inability to maintain suitable systems, practices and facilities to ensure on-going compliance- increasing requirements from regulators which cannot be met- mismatch in capacity/demand on QMS which leads to failure to deliver activities- patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT- Health and Safety at Work incidents- patient concerns, claims and redress- failure to comply with GDPR and Information Governance	5	5	25	"Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services.	5	4	20	1. Develop plan to address shortfall in non-ionising radiation safety governance 2. Follow up actions from inspections and assessments 3. Haematology and BTL working through staffing plan to support training and QMS activityFollow up actions from inspections and assessments	5	2	10	Sep-25	QSE	Patient Safety
Digital Health	CRR17	06/08/2011	<p>Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.</p>	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Sofware - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.	5	4	20	January 2024 update: Cyber Security Manager now re-banded and currently being advertised. This new post will operational lead the Cyber team strengthen the UHB's cyber security posture. A further phishing simulation was launched in October to continue raising cyber security awareness. In February, we also promoted 'vishing' training to all staff. May 2024 update: New Cyber Security Lead appointed and due to start 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. The DR plan is also under review. Oct '24: Cyber team fully recruited and focused on updating the cyber action plan Jan'25: New Secure Web Gate Way currently being deployed across the organisaton to further secure our internet interface and provide the UHB better control. Mar 2025: New Secure Web Gateway has been fully deployed across the organisation, with all capable devices now using the new gateway, with few exceptions. This has provided much greater control over permitted websites, which can be used to manage/reduce website related security risks. It also works to prevent unauthorised users from installing systems without the knowledge of Cyber Security and/or the Service Desk teams. May 25: Two further phishing simulations performed. 97 users with very weak passwords reset. Gen AI guidance to be accepted by users before visiting AI sites.	5	3	15	Jul-25	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
EPRR	EPRR 01	03/02/2025	<p>Risk - There is a significant risk of staff absence severely impacting service provision</p> <p>Cause - Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivalents. Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations. Both post holders are close to retirement, however there is no succession planning. Highly specialist role which is not replicated by any other postholder within the UHB.</p> <p>Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience.</p> <p>Business cases to enhance establishment, promote resilience , facilitate succession planning, have been repeatedly declined from 2014 - 2023 due to a stated lack of financial resources.</p> <p>Effect - Which would lead to the Health Board failing to meet and comply with its statutory duties</p>	4	5	20	Highly specialist role which is not replicated by any other postholder within the UHB. Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience. Business cases to enhance establishment, promote resilience , facilitate succession planning, have been repeatedly declined from 2014 - 2023 due to a stated lack of financial resources.	4	5	20		3	2	6	Aug-25	Team Meeting Directorate Meeting	
	EPRR 02	03/02/2025	<p>Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.</p> <p>Risk - There is a risk that business continuity planning within the organisation will not be effectively embed.</p> <p>Cause - The team consists of only 2 whole time equivalents.</p> <p>Business continuity is one componentet of a far reaching portfolio, and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). Do not have the capacity to ensure BC is absolutely embedded within the UHB.</p> <p>Effect - The organisation fails to comply with its statuary duties under the Civil Contingencies Act 2004</p>	4	5	20	As above (EPRR 01), the team consists of only 2 whole time equivalents. Business continuity is one componenet of a far reaching portfolio, and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). The team can provide substantial assurance of Policy / Procedure production ; the provision of training ; the facilitation of exercises ; promoting a clinical board BC lead forum. But do not have the capacity to ensure BC is absolutely embedded within the UHB.	4	5	20		2	2	4	Aug-25	Team Meeting Directorate Meeting	

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E	EPRR 03	12/03/2025	No provision for specialist EPRR advice or presenece outside normal office hours. Risk - There is a risk that specialist advice is not available during adverse events out of hours Cause - Historically this provision has been provided on a "good will" free of charge basis, and has not attracted the same financial recompense afforded to other on call managers. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone. Role will default to the on call Executive Director and Senior Manager. A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps. However, there is uncertainty if staff will be released this year. Requestes to shorten the course and remove content will leave gaps in knoledge and lack of compliance with minimum occupational stanadards. Training is not mandated	4	5	20	Historically this provision has been provided on a "good will" free of charge basis, and has not attracted the same financial recompense afforded to other on call managers. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone.	4	5	20	On call capability developed A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps. However, there is uncertainty if staff will be released this year.	2	3	6	Aug-25	Team Meeting Directorate Meeting	
	EPRR 11	06/02/2025	Effect - Specialist Advice and support to commanders will not be available for an incident which may impact on patient and responder safety EPRR Training is not mandatory Risk - There is a risk that staff responding to an incident / event are not trained to the minimum occupational standards Cause - EPRR education and training non mandatory - but essential to meet organisations Statuatoiry compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff. Effect - Staff are inadequatly trained which which may impact on patient and responder safety, and creat reputational issues	4	5	20	EPRR team will exercise maximum flexiblity and provide as much inhouse training as possible at individual staff base.WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure.	4	5	20	EPRR team will exercise maximum flexibility and provide as much inhouse training as possible at individual staff base.WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure.	2	2	4	Aug-25	Team Meeting Directorate Meeting	
Finance	Fin01/25	Apr-25	The revised deficit for 2025/26 is £56.2m. This is £47.1m over and above the deficit target control total of £9.1m	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	4	5	20	Development of plan to address the deficit in line with WG expectations in 2025/26 and continue to plan to break even in FY27 and FY28.	5	3	15	Sep-25	Finance & Performance Committee	
	Fin02/25	Apr-25	Ambition to improve on the £56.2m moving closer towards £9.1m	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	4	5	20	Development of plan to address the deficit in line with WG expectations in 2025/26 and continue to plan to break even in FY27 and FY28.	5	3	15	Sep-25	Finance & Performance Committee	
	Fin04/25	Apr-25	Failure to adequately manage in-year budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty. (Risk Fin01/25 above)	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Monthly Financial Clearance Meeting. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	5	4	20	"Bi-weekly Finance and Operations meetings to ensure a mlti-disciplinary approach to managing delegated budgets. Bi-monthly deep dives set-up with respective Finance Busines Partners. Bi-weekly Sustainability Board meetings and bi-weekly Sustainability Group meetings"	4	2	8	Sep-25	Finance & Performance Committee	
	Fin05/25	Apr-25	Failure to deliver a recurrent Cost Improvement Programme of £32m. Failure to deliver will impact on the Health Boards ability to deliver the planned 2025/26 deficit of £56.2m.	4	5	20	CIP target clearly communicated to budget holders. CIP tracker in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting, including specific focus on CRPs. Executive / Clinical Board Performance Reviews, monthly Sustainability Boards and Weekly Sustainability Meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board	4	5	20	"Weekly Finance and Operations meetings to ensure a multi-disciplinary approach to achieving the savings target. A Sustainability board has been established to hold Executive, Operational and Finance leads accountable.	4	2	8	Sep-25	Finance & Performance Committee	
	Fin06/25	Apr-25	Failure to manage recurrent operational pressures to continue to deliver £56.2m underlying deficit position (initial underlying deficit £59.9m)	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board CIP tracker in place with a weekly monitoring progress across the organisation	4	5	20		4	2	8	Sep-25	Finance & Performance Committee	
	Fin08/25	Apr-25	Remain within Cash limit	5	4	20	The UHB will require cash support from WG for the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2025-26 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.	5	4	20	Enhanced scrutiny on cash management ensuring invoices are raised and paid on-time and outstanding debts are chased in a timely manner.	5	2	10	Sep-25	Finance & Performance Committee	
	Fin09/25	Jul-25	Implementation of NHS Wales Job Descriptions for Nursing, Maternity and Theatre Health Care Support Workers Band 2/3 (25/26 estimate c. £5.8m)	5	4	20	Bi-weekly progress monitoring through 'HB Band 2/3 Planning and Implementation Group	5	4	20	Continued dialogue with Welsh Government and Finance, planning and delivery directorate	5	2	10	Sep-25	Finance & Performance Committee	
	Fin010/25	Jul-25	Welsh Risk Pool - Increased Risks Apportionments (estimate£6.639m)	5	4	20	NWSSP recalibration of in year liabilities over and above plan	5	4	20	Continued dialogue with Welsh Government and Finance, planning and delivery directorate	5	2	10	Sep-25	Finance & Performance Committee	

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Medicine	6	08/02/2023	Context; Workforce and Capacity constraints across Gastroenterology & Endoscopy are compromising the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology including services with single handed operators and single points of failure. Risk; Delayed diagnosis and treatments of cancer and benign diseases; risk of not fulfilling commissioned activity and income generation; inability to fulfill training needs for trainees in line with HEIW junior doctor training; Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management	5	5	25	7.02.23 - HR to support the Agenda for Change process to adopt the all Wales Clinical Endoscopist JD to be able to assimilate staff across Wales.	5	2	10	01/07/2025	QSE	
			Context: Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers from 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern & media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC Risk: Delays in offering nutrition to patients in whom there is no alternative with complications including death & increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with an HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations Impact: Potential harm including death; multiple concerns and media coverage; not meeting national guidelines	5	4	20	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post	5	4	20	Medical Workforce challenges with current Lead Consultant standing down by June. Collaborative working with CD&T. Interim short term plan to manage service but no sustainable resolution.	5	2	10	01/07/2025	QSE	
		12/04/2024	Context: Current staffing resource in Memory Team cannot meet the demand on the service. Risk: Not meeting Welsh Government targets which can have serious consequences. The Memory Team are under significant pressure which is impacting the quality and timeliness of services provided. Impact: Increased Wait times (currently 20 weeks). . Delayed diagnostic support. Staff retention risks, Reputational damage.	5	5	25	*Service Manager monitoring waitind list *Support from Directorate * WLIS conducted as and when funding available	5	4	20	SBAR being drafted to outline increase in establishment needed to meet demand	2	2	4	Jul-25		
		21/08/2024	Context; Specialties within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024. This is due to capacity constraints with single handed operators in and increased demand for service. Speciality areas are *Endocrine - nurse led clinic: *Respiratory – COPD service * Respiratory – ILD service Risk; Delayed diagnosis and treatments Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	4	5	20	Specialties within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024. Endocrine - nurse led clinic: • Clinic is run by one member of staff on alt weeks. Due to the level of detail given to patient there are only 4 news seen per clinic. • Were increasing clinic capacity to 3 per month but due to nursing vacancy within team this has stopped • Consultants unable to support due to 2 x vacancies within team Respiratory – COPD service: • Clinic is run by one Consultant • Increase in demand post covid and due to being delivered by one member of staff unable to increase further. • Sought to obtain dedicated SpR/CRF but not possible due to staffing levels Respiratory – ILD service: • Ongoing increase in demand. • Capacity issues earlier in the year due to consultant absence • Clinical decision made to see urgent patients only due to length of waiting time • Overall capacity issue with follow up due to increases in patient numbers and change in treatment options.Sending validation letters to long waiting patients increasing capacity when possible	4	5	20	April 2025 - robust action required to address the clinical risk associated with long waits/ delayed treatment and FU across several services across IM. Urgent action required. Will update in May 2025	3	3	6	Jul-25		
		21/11/2024	Context; Lack of capacity in the Intestinal Lung Disease Service (ILD). This is affecting new and follow up patients. ILD is a life limiting condition and therefore patients need to be seen routinely. The ILD team do not have enough capacity to adequately deliver their service, as such they are currently only seeing urgent new cases and the longest wait time for routine new patients is at 58 weeks. The lack of capacity is impacting the front door as patients are presenting to MSDEC and also being seen as inpatients. In addition there are 70 patients waiting for initiation of nintedanib treatment and as a result we are not compliant with NICE guidelines. Risk; Delayed diagnosis and treatments Impact; patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	5	5	25	1. Efficiencies made in service and patient now being seen by CNS and respiratory physiologist as well as Consultants. 2. Business case being drafted to increase staff and capacity Further controls in place from April 2025: 1. Consultants to clinically validate the list of patients with FU appointments beyond their clinical target – confirm which patients need appointments brought forward 2. Additional clinical sessions to accommodate patients that need urgent FU 3. Increase NOP and FU capacity across the ILD service by introducing a clinical fellow post for 12 months initially from August 2025 4. Escalate the clinical risk to the MCB and ensure the risk is accurately described on the directorate and clinical board risk register. 5. Consider options to increase ILD consultant activity by backfilling acute respiratory work 6. Review the Clinical Nurse Specialist duties to ensure we are maximising patient activity and whether there is scope to increase 7. Prepare bid for RTT funding from Q2 to address long wait NOP	5	4	20		3	3	6	Jul-25		
		09/08/2024	Endoscopy - EMR/ESD/EUS/ERCP Event - There is a risk that some complex procedures (i.e. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) of colorectal and upper GI tract lesions, upper and lower GI Endoscopic ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP)) may be delayed beyond desired timeframes. Cause - This is caused by limited capacity due to there only being a single handed operator with the skill required to undertake these specialised endoscopy procedures. Effect - Which could lead to harm including death; if patients do not receive therapeutic procedures in a timely manner they are at risk of deteriorating further and can then require more invasive interventions or progress to non-curative status.	5	5	25	Additional sessions offered to clinicians to increase capacity for complex endoscopy Formal arrangement in place with ABHB for EMR. Prioritisation of patients by clinicians based on clinical urgency.	5	4	20		5	2	10	Juk 25	Clinical Board Q&S Meeting Clinical Safety Group Directorate Q&S meeting Directorate Safety & Quality Session (Audit)	
Mental Health			St Barrucs isolation: There is no additional SIMA support, There is no immediate Pharmacy support on site, Reduced access to SALT (Choke risk) , MHCB GP/Senior nurse resource is limited, so is this is significantly reduced when called to ST Barrucs, The environment is not appropriate for this complex patient group due to the location and layout. Reputational risk if public due to variation in access to care	4	5	20	*GP- Senior Nurse attend twice a week- however this adds pressure to this resource . News 2 implemented to identify deteriorating patient. Clear procedure to access 999. Physical Heath Training Sessions provided to staff. Training to be provided – bladder scanner/ECG. All staff to be trained in ILS. All staff to be trained in SIMA. Consider moving physically/ acutely unwell patients up to UHL However none of this mitigates the risk of the location and risk associated with this.	4	5	20	Transfer unit to UHL site is ideal solution	3	3	9	Mar-26	Health & Safety	Health and Safety
		21/11/2024	Security - Risk of serious incident due to inadequate security on NYC site.	5	5	25	1 - Cardiff and Vale UHB Security off site. 2 - NYC CCTV can be viewed centrally by Security. 3 - Emergency response system (pinpoint/emergency responders/Vocera). 4 - Ferrous metal scanning devices. 5 - Vexatious visitors' policy. 6 - SIMA team for advice and training . 7 - Secure airlocks. 8 - Perimeter fencing. 9 - Shift Coordinator on site.	5	5	25	1 - Commission 27/7 security. 2 - Upgrade Visiolan to the server - partially complete July 2024.3 - Modify main entrance doors to ensure bolted locked but able to release if fire alarm activated. 4 - Update TDSI firewalls. 5- Install CCTV camera outside linen room, EAS corridor.	5	3	15	Mar-26	Health & Safety	Health and Safety

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PCIC	CAV11	01/07/2024	Worker Status of GPs Risk: There is a risk that some GPs may challenge their worker status with the UHB Source of uncertainty/cause/event: Recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB Consequence/Impact: Financial risk	5	4	20	Salaried GP roles offered to all GP's. Updated consultancy agreement shared with all GP's. Working closely with Legal and Risk	5	4	20	Attend/await updates from ongoing weekly meetings with WOD & DOF	5	2	10	Jun-25		
	MM005	25.08.15	Prescribing Budget Risk: risk of overspend in the prescribing budget Source of uncertainty/cause/event Volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care, Savings are increasingly hard to find that have no detriment to patients or require a GP appointment, and appetite to support switches is decreasing Consequence/Impact Spend is more than forecast and mitigating solutions are limited	4	5	20	Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs	4	5	20	Targeted improvement work and engagement Improvement in analytics to inform and prioritise workplan Update July 2025: Risk remains high, with substantial overspend despite best efforts. Escalation demonstrating the wider-UHB influences on the budget outside of the Clinical Board. Review of Corporate Medicines Management Group underway to improve governance around decision making tht may influence the PCIC Prescribing Budget	4	2	8	Sep-25	Finance Committee	
	MVC29	27.11.23	MVC Accommodation Vaccination programme is run out of 3 sites, 2 being temporary Cardiff sites (Barry Hospital - permanent, Maelfa wellbeing hub - temporary and Rookwood Hospital - temporary). If: Alternative sites, of similar capacity and access, cannot be identified Then: There is a risk that the service will not be able to function under its current delivery model for the Spring 2024 Booster Programme or WRVP 2024/25. Resulting in: Failure to meet national performance targets Revenue pressure if an alternative delivery model requires additional workforce or Primary Care delivery Reduced equity of access across the UHB population Failure to retain current, skilled workforce that are contracted to work at specific MVCs	4	5	20	1. Maelfa MVC stood down December 2023, to be stepped up as a pop up model 2. Good communication with People & Culture Team and NHS Delivery Unit 3. Proactive & Effective planning by SMT	4	5	20	1. Establish Recommissioning Group to include Estates, Planning & Finance 2. Identify alternative delivery site that offer same/similar capacity in similar location 3. Continue delivery of Spring booster and plan for autumn assuming Rookwood is operational 4. Engage People & Culture re Organisation Change/ Change of Base of Workforce	4	2	8	May-25	PCIC QSE	
	DoSH 06/25	02/10/2025	Due to the liquidation of Millcare EPR, which currently has a supported lab link there is a risk that the department of sexual health will lose automated results management functionality	5	4	20	1.Reengage with Signum healthcare to work towards development of robust interim solution	5	4	20		5	2	10	Jun-25	Quality Safety and Experience Committee	
	HMP18		There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients due to staffing levels in the nursing team. This affects the administration of medication, the assessment of new arrivals and the ongoing triage and care of patients.	4	5	20	1. Regular staff meetings. work to cascade. subject to concerns/issues raised. to staff when concerns raised.	4	5	20	1. OD Work with HMP 2. Regular SMT presence in HMP 3. Further promotion of expected values and behaviours of staff	4	2	8	Jun-25	Quality Safety and Experience Committee	
	20	01/01/2010	Haematology and Immunology - Clinical Environment Lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Seperate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.	5	5	25	Policies, protocols, and guidelines available. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward A4 North (amber) for triage prior to admission to B4 (green).	5	5	25	Escalated to Clinical Board, estates, Capital Planning Team and WHSSC. C.O.S has been drafted and work with capital and estates is ongoing to develop plans for new area.	1	1	1	01/04/2024		Patient Safety Staff Wellbeing Workforce Critical Care
	21	17/02/2020	Haematology, Immunology and Metabolic Medicine - TYA Oncology Services TYA cancer patients may elect to have their treatment on the designated TYA cancer unit hosted in UHW. Chemotherapy plans are determined by the site specific MDT/Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways. As a result, there are risks around: -Transcribing of chemotherapy - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients -Variation in practices between UHW and VCC Overreliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	5	4	20	Email correspondence from VCC Clinician confirming treatment plans. Expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	5	4	20	Access to VCC chemocare on TCTU. Treatment plan proforma to be utilstied by all TYA cancer patients. TYA team to access and use Canisc. Systems ready, staff being trained (completion end of December) working through protocol. Senior nurse working with Velindre on solution.	5	1	5	01/04/2024	QSE	Patient Safety Critical Care

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CORPORATE RISK REGISTER JULY 2025

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Actions	Target Risk			Date of next review	Assurance Committee	Link to BAF	
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total				
Specialist Services	23	27/08/2021	Haematology and Immunology - Office Accommodation Insufficient and/or inappropriate office accommodation is available for clinical, managerial and administrative staff across the directorate. Ongoing serious maintenance/estates and Health and Safety issues in the BMT offices in Jubilee Gardens which presents a significant risk, including poor ventilation and water leaks in the area causing damage to UHB property, disruption to services and a serious Health & Safety risk to staff based in that area.	4	5	20	Issues escalated to Clinical Board and Medical Director's Office as a Health & Safety issue for staff. Health & Safety team and Estates Management aware. Estates team are monitoring the situation.	5	4	20	Alternate suitable office accommodation needs to be identified to allow clinical and managerial staff to continue to work in a more appropriate environment.	1	1	1	01/04/2024	Future Hospitals	Capital Assets Patient Safety Critical Care	
	31	27/08/2021	Neurosciences Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4	5	20	Maintaining current epilepsy clinics, clinical board aware of patient risk as 'First Fir' clinic stood down on Fridays.	5	5	25	Approval from clinical board to appointment band 8a prescribing pharmacy role using clinical fellow funding - advert going forward with CD&T CB.	4	1	4	01/05/2025		Patient Safety Capital Assets	
	32	27/08/2021	CARDIOTHORACIC Deaths on Cardiac Surgery waiting list Provision of Cardiac Surgery - including ability to meet 36 week RTT, ability to treat urgent patients, impact of staff shortages (theatre and CITU staff), impact of lack of access to inpatient beds leading to increased mortality and morbidity of patients on the WL	5	4	20	Daily validation of cardiac surgery waiting lists by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly cardiac surgery operational meeting to discuss cancellations, late starts, overruns and staffing constraints. Standardised communication processes for patients on the waiting list for cardiac surgery.	5	4	20	Recruitment of theatre personnel. Daily flow monitoring to ensure timely transfer between CITU and Ward C5	5	4	20	Monthly in Directorate DMT/Q&S Meeting	Weekly RTT meeting, Directorate performance review, CB& Directorate Q&S meetings, WHSSC performance meetings	Patient Safety Capital Assets	
	40	Jan-22	CARDIOTHORACIC Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk.	5	4	20	Daily validation of cardiology waiting lists. Regular feedback to the consultant body highlighting long waits. Backfilling of vacant cath lab lists stopped due to financial constraints.	5	4	20	Discussions ongoing in terms of the development of a 4th cardiac catheter lab. Work being undertaken with University to right size cardiology commenced April 24.Right sizing paper completed.	5	2	10	Monthly in Directorate DMT/Q&S Meeting	DMT, Diagnostic Delivery Group, Clinical Board performance reviews	Patient Safety Urgent & Emergency Care	
	42	Sep-19	CARDIOTHORACIC Ability to recruit and maintain specialist staff groups in particular Cardiac Physiology workforce. Significant risk to the regional Primary PCI service.	5	4	20	Robust monitoring of vacancies. Early reporting and proactive recruitment. Undertaken staff pulse surveys to understand current constraints and implement action plan to address concerns. Established successful Band 5 Cardiothoracic rotation programme to increase recruitment. Introduced fast training for echocardiography. The appointment of STP roles within cardiac physiology. Primary PCI service discussed through the cardiac network group. Attending wider recruitment events. Utilising off ward nurses to mitigate risk and support senior presence in ward areas	5	4	20	Business cases submitted to WHSCC for physiology to support TAVI and complex ablation. RTT planning to include the recruitment of 3 Band 7 physiologist.	5	3	15	Monthly in Directorate DMT/Q&S Meeting	Specialist Clinical Board & Directorate team	Patient Safety	
	43	Jul-22	CARDIOTHORACIC The relocation of C3N cardiology provision to support return of cardiothoracic services to UHW and relocation of critical care provision.	5	4	20	Secured discharge lounge to relocate T&R service from B1 to open 4 additional inpatient beds on B1. Retaining 6 beds on C3N to maintain CCU steppedown to minimise clinical risk.	5	4	20	Project team established	5	2	10	01/10/2025	Capital Estates Cardiothoracic Project Team	Patient Safety Urgent & Emergency Care	
	34	25/03/2019	Neurosciences Failure to implement the revised MHRA guidance related to sodium valproate. Patients unborn child will come to harm as a result of failure to adhere to the pregnancy prevention programme.	5	4	20	Sodium valproate coordinator in post. Central database being updated in line with current demand.	5	4	20	Initially targetting the high risk patients that have been non compliant with PPE. Working with Health Board and GPs to ensure safe transfer of service.	5	1	5	01/05/2025		Workforce	
	55	31/01/2024	Haematology and Immunology Single handed consultant (Gastro) NET service. Sigle handed consultant delivered service for comissioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSCC. High risj of service collapse with in creasing patient numbers, no cover for leave/sickness etc.	5	5	25	Executive oversight (COO) with transition into new clinical board.	4	5	20	Restrictions on service to be explored if no other solutions not identified. Explore all solutions for second consultant (meeting with consultants TBA). Dr Haboubi to provide dates for monthly clinics for 2024. plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existig CNSs. Gastro registrar to rpvide limited input into service for education and troubleshooting. Clinical fellow to be appointed.	4	3	12	May-24	QSPE	Patient Safety	
	56	05/09/2019	Neuroscience Inability to meet 52-week and 36-week RTT targets for Cardiff and CTM Neurology patients. Leads to poor experience/outcome for patients and poor reputation.	4	5	20	Daily management of waiting lists by SMs, demand-capacity work undertaken and extra clinics arranged where necessary.	4	5	20	Validation of waiting lists. Cardiff capacity currently being utilised to help the CTM waiting list position - detrimental impact on Cardiff waiting times. Weekly meetings with CTM management. Escalated with exec and clinical board, discussions ongoing to review medical model.				01/05/2025		Patient Safety	
	61	Nov-23	Cardiothoracic The relocation of C3N cardiology provision to support return of cardiothoracic services to UHW and relocation of critical care provision.	5	4	20	Secured discharge lounge to relocate T&R service from B1 to open 4 additional inpatient beds on B1. Retaining 6 beds on C3N to maintain CCU steppedown to minimise clinical risk.	5	4	20	Project team established	5	2	10	Jun-24	Capital estates, Cardiothoracic Project Team	Workforce	
	79	03/05/2022	Major Trauma There is a risk to patient safety and patient flow for those patients with isolated nonoperative brain injury due to lack of agreed speciality ownership.	4	5	20	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is souhgt on a case by case basis.	4	5	20	MTC DMT to chase response by w/e 6th May 2022. Meeting with MTS and Neurosurgery 07/22 and then further meeting facilitated by Medical Director 08/22. 01/06/23 ED have submitted BC for X6 additional trolley spaces for CDU.	2	2	4	Monthly		Patient Safety	
	86	06/12/2022	Major Trauma There is a risk around paediatric nursing capacity within ED which may impact the delivery of care given 24/7.	4	3	12	Staff work on a rotational basis.	4	5	20	ED to develop business case and submit for consideration to MCB. 09/23 repeated escalation by ED via governance processes given clinical risk. Risk reviewed and increased.	2	1	2	Monthly		Workforce Patient Safety	
	89	06/02/2024	Haematology and Immunology Vacancy for nurse practitioner and insufficient medical staff support has resulted in an increased reliance on the nursing team who are already at capacity. There is a need to ideally provide 24/7 NP cover to ensure greater governance and oversight of patient care, delivery of treatments and to support the medical workforce. This would support the sustainable development of nursing staff, career progression to the ANP role required for the new Haem/BMT facility. Due to the high number of inexperienced staff and high acuity on the ward there is a significant risk to patient care. In particular timmely care, inadequate knowledge/experience impacting on decision making, lack of continuity of care and poor oversight of medical support. No ward sister and inexperienced deputies also increase the risk on B4H.	5	4	20	One post has been advertised, SBAR submitted to CB for consideration however, CB have requested further details inrealation to roles, responsibilities and impact. Currently there is no funding stream for the additional posts which are required. Finance have agreed to reconfigure funds from existing establishment to create additional band 7 NP post. Tis will provide a limited NP service which will significantly reduce the risk for nursing staff and patient care. This would be a bridging support until the new workforce model has been agreed.	4	4	20	To explore models of funding. Lead Nurse to undertake wider benchmarking nationally and review workforce modelling to support the NP roles. Ned to secure CVSP approval to appoint second NP post.	2	3	6	Apr-24	QSPE		
	92	Jun-24	CARDIOTHORACIC Ward B1 Central monitoring requiring upgrade, currently capacity to monitor 32 beds. Inadequate level of monitoring to provide required care for an acute Cardiology Ward up to 38 beds. Current monitoring out of support since Dec 2022.	5	4	20	Submission of Capitol bid to increase capacity to monitor up to 38 beds and ensure adequate servicing and maintenance of the mornitring is in place to ensure sustainability of service	5	4	20	Bid to be submitted by clinical engineering following completion	5	1	5				
	93	Aug-24	CARDIOTHORACIC Deaths on TAVI waiting list Provision of TAVI Service - including ability to meet 36 week RTT, ability to treat urgent patients, lack of access to inpatient beds leading to increased mortality and morbidity of patients on the WL	5	4	20	Daily validation of TAVI waiting lists by the TAVI Team. Weekly monitoring of booking and scheduling, utilisation and productivity. Standardised communication processes for patients on the waiting list for TAVI. Regular feedback to the consultant body highlighting long waits.	5	4	20	Discussions ongoing in terms of the development of a 4th cardiac catheter lab. Work being undertaken with University to right size cardiology commenced April 24. Appointment of vacant Consultant Interventional/Structural Cardiologist - awaiting start date. recruitment of a locum consultant interventional cardiologist to support acute/elective work whilst we recruit for substantive post. Implementation of a ring-fenced mixed gender bay to mitigate risk of cancelling elective TAVI admissions.	5	3	15	Monthly	Weekly RTT meeting, Directorate performance review, CB& Directorate Q&S meetings, JCC performance meetings		
	99	12/07/2022	Critical Care Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	25	Cuurently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	20	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board. funding for expansion and refurbishment. Clarify commissioning arrangements.	Seek	4	2	8		Future Hospitals	
	100	12/07/2022	Critical Care Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V. The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. In turn this requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. The service is at risk of closing. This would have a significant effect of Welsh Critical Care capacity and Healthboard reputation.	4	5	20	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider	4	5	20	To build a bespoke 10 bedded LTV facility	1	1	1		Strategy&Delivery		
	102	12/07/2022	Critical Care Lack of patient isolation facilities in UHW Critical Care Unit - Due to lack of isolation facilities UHW Critical Care has had to operate a cohorted COVID-19 ward (A35) for over 2 years. If for example there are 2 patients with COVID-19, this takes a full 9 Critical Care beds out of use for other patients, meaning there has been need to operate in surge Critical Care areas ever since the beginning of the Pandemic. This is very inefficient outside of a major surge of COVID. The same approach would be expected to be employed in an Influenza Pandemic. In 2020, Cardiff & Vale opened a High Consequence Infectious Disease (HCID) Unit at UHW. This is intended to be utilised by non-Critically ill patients with airborne pathogens such as MERS and TB. Currently there is only 1 room at UHW Critical Care Unit available to treat patients who become Critically ill in the HCID. Us of this location may potentially mean the 8 beds distal to it are unusable for the duration.	4	5	20	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care.	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE		
	104	21/07/2022	Critical Care Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit - Failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs. This could be a period of several months as lead times for new Pendants are currently long. This would have a major effect on Tertiary Critical Care Services in South Wales.	5	5	25	No controls	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	1	1	1		QSE		

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Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Actions	Target Risk			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
	105	12/07/2022	Critical Care Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit - Lack of assurance re: protection of staff and patients from airborne pathogens. Lack of assurance re: ability to host key services such as Haematology and HCID. Patient discomfort. Staff discomfort resulting in impaired staff retention. Risk of HCAI due to use of mobile air conditioners Risk of impaired brain outcomes due to difficulty treating pyrexias. Risk of delirium due to over-reliance on blinds to reduce temperature. Risk of ineffectual existing HVAC due to having windows open and risk of air pollution.	5	5	25	Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs)	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	
	106	12/07/2022	Critical Care Lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit - in 2020 Cardiff and Vale Healthboard built a 10 bed High Consequence infectious Disease Unit at the UHW site. This facility is for airborne High Consequence infectious diseases (eg MERS) as opposed to contact infectious diseases (eg Ebola). Upon opening an assessment of the suitability of the HCID to provide level 2 and 3 Critical Care was made. The conclusion was that although the facility may (like other areas of UHW) be suitable for a Critical Care team to reach out and stabilise and intubate a patient there, it was not suitable for ongoing Critical Care. Patients would need to be transferred to a suitable Critical Care Unit for ongoing care..	4	5	20	One isolation cubicle capable of receiving these patients with operational disruption due to location	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	
	110	Mar-25	CARDIOTHORACIC Temporary loss of 4 cubicles on C5 in order to support the wider UHB priorities to expand renal capacity following IP&C issues.	4	5	20	Regular review of bed capacity versus activity for both cardiothoracic surgery patients and reduction of cardiology footprint until the relocation of C1 with high risk of IP&C issues currently resulting in closed beds.	5	4	20	Directorate bed management rota to work closely with bed managers to maximise all capacity and early escalation of constraints. Weekly scheduling meetings with theatres.	5	4	20	Jul-25	DMT, clinical board, exec team	
	111	Mar-25	CARDIOTHORACIC Extremely long waiting lists for a new cardiology outpatient appointment due to demand and capacity constraints.	5	4	20	Text validation exercise to take place by central validation team to patients waiting over 52 weeks. Increase of urgent versus routine ratio to support seeing more referrals triaged as urgent. WCP triage sessions allocated to new consultant job plans to support enhanced triage of referrals. Demand and capacity work evidences gap in capacity.	5	4	20	Directorate team working closely with medical records to ensure all new patient slots are utilised. Working with central validation team to conduct text validation exercise for all patients waiting over 52 weeks initially.	5	4	20	Monthly	DMT, clinical board, exec team	
	112	Apr-25	CARDIOTHORACIC Delays to treatment of lung cancer patients due to loss of theatre lists. Staffing constraints due to recruitment and retention issues and stopping of overtime. Increased demand due to lung cancer screening with further increase in demand expected on further roll out of screening. Impact on benign inpatient waiting list due to lung cancer being prioritised.	5	4	20	Weekly validation of thoracic waiting list by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly theatre scheduling meeting to discuss cancellations, late starts, overruns and staffing constraints. Weekly attendance at wider UHB cancer tracking meeting.	5	4	20	Recruitment of theatre personnel.	5	4	20	Monthly	Weekly RTT meeting, directorate performance review, CB and directorate Q&S meetings, ICC performance meetings.	
	113	Jul-24	Critical Care Inability to save and upload lung ultrasound images to central storage system. Ultrasound accredited physios within critical care are using lung ultrasound as a component of their respiratory assessment. At present there is no ability to centrally save and upload the lung ultrasound images to a central UHB storage system Therefore there is a lack of governance over the interpretation of the findings and how that influences physio interventions. provides challenges to the training process.	4	5	20	Staff undertaking lung ultrasound FUSIC training and accreditation. Production of lung ultrasound reports at time of scan completion with detailed findings. Having access to UHB physio and medical FUSIC mentor/supervisor. The ultrasound machines have some ability to store a finite number of images.	4	5	20	UHB solution to ultrasound storage for scans completed outside of radiology department. Regular clinical supervision sessions with mentor. Regular peer review of scans. Thorough documentation on reporting forms and ensure they are filed in patient records.	5	4	20		QSE	

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					Initial Risk Rating					Current Risk rating								Target Risk rating			
Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Consequence	Likelihood	Total	Controls	Assurances	Consequence	Likelihood	Total	Gaps in Control	Gaps in assurance	Actions	Who	When	Consequence	Likelihood	Total	Date of next review
Major Capital																					
None at Present					0	0	0			0	0	0						0	0	0	
Capital Property																					
P&A55		17/01/2025	Issue: WRP Cover of UHB Tenants WRP have cast doubt on whether they will indemnify the UHB against building risks traditionally offered by commercial insurance. Risk/Potential Impact Financial Impact and Legal Impact Plus potential loss of tenants	GW	5	4	20	Ongoing discussions between NWSSP and WRP	Progress will be reported to relevant committees.	5	4	20			Issue escalated. Awaiting steer.			5	1	5	Ongoing
Capital PFI																					
PFI09		15/11/2023	Risk/Issue: SDH - End of PFI resource needed to oversee and plan for end of agreement. Impact: Significant	GW	4	5	20	PFI ends 31/01/2031. Series of activities required.	Separate risk register prepared to monitor all associated risks.	4	5	20	Risk increased to 20 to emphasise need to commence appointment and activities, especially with loss of PFI manager in April.		Ongoing contract management. Urgent need to formalise UHB team to oversee.	UHB, IMC, Equans.	Performance meetings.	4	1	4	
PFI10		15/11/2023	Risk/Issue: UHL - End of 3PD resource needed to oversee and plan for end of agreement. Impact: Significant	GW	4	5	20	3PD ends 16/08/2027. Series of activities required.	Separate risk register prepared to monitor all associated risks.	4	5	20			Ongoing contract management.	UHB, Pobl,	Performance meetings.	4	1	4	PFI09 Removed
PFI SDH H 08		08/11/2023	Risk/Issue: Joint UHB/PFI Expiry Plan including strong governance structure is required to oversee the end of the PFI. This does not exist at the moment. Impact: A joint plan	GW	4	5	20			4	5	20	End PFI project team to be formed. Risk upped to 20 as issue needs attention as end of PFI getting nearer.			UHB		4	1	4	
PPP UHL 08		08/11/2023	Risk/Issue: Joint UHB/PPP Expiry Plan including strong governance structure is required to oversee the end of the PPP. This does not exist at the moment. Impact: A joint plan	GW	4	5	20			4	5	20	End PFI project team to be formed. Risk upped to 20 as issue needs attention as end of PFI getting nearer.			UHB		4	1	4	
Catering CFPU																					
17		19/12/2023	Risk: Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU. Impact: Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safet assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day. Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	GW	5	4	20	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction. Purchase meals from Apetito for additional stock items	Team managers/Supervisors monitoring weekly priority given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals.	5	4	20	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing eternally.	SBAR to be submitted to request additional funding.	All rotas to be checked/reviewed and amended accordingly. Coninue to monitor production against patient demand, continue to be flexible with delivery schedules - continue to order limited products from external supplier to provide opportunity of increasing production.	SD/LP/SS	ASAP	5	4	20	Apr-24

					Initial Risk Rating					Current Risk rating								Target Risk rating			
Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Consequence	Likelihood	Total	Controls	Assurances	Consequence	Likelihood	Total	Gaps in Control	Gaps in assurance	Actions	Who	When	Consequence	Likelihood	Total	Date of next review
18		01/02/2024	Risk: CFPU are sitting on the outer HV ring, which isnt currently backed up by the HV generator, also without a local LV generator. Impact: Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed, this will compromising the ability to feed patients in line with Nutrition and hydration guidelines.	GW	5	4	20	The issue has been highlighted during the Power outage testing. CEF are aware.	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals.	5	4	20	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is preferred.	Limited funding or Capital monies to invest in an old building where the CFPU is located	There has been limited occasions of power failure for the Lakeside Complex where the Central Food Production unit is loacted. Manage stock levels to minimise stock loss, CEF to continue to review the risk.	SD	ASAP	5	4	20	Apr-24
19		ADDED 23/04/2024	Risk: CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways. Impact: Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200-300kg of fresh meat) of chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	GW	5	4	20	The issue has been highlighted during the lift failure 19/04/24. CEF are aware.	There is limited reassurance due to the fact we have no alternative lift avaiaible other than increase the priority level for lift 46 any future repairs.	5	4	20	A location for an additional lift as contingenmcy or a suitable food safe route for food provisions	Limited funding or Capital monies to invest in an old building where the CFPU is located	There has been limited occasions of failure for the lift in the Central Food Production unit. Future priority needs to be on lift 46 for all lifts within the UHB eexcept the lifts required to transport patients in cases of emergencies. (Theatres etc)	SD	ASAP	5	4	20	Jun-24
Ward Based Catering/ Retail																					
None at Present					0	0	0			0	0	0						0	0	0	
Operations																					
None at Present					0	0	0			0	0	0						0	0	0	
Security																					
None at Present					0	0	0			0	0	0						0	0	0	
Portering and Switchboard																					
None at Present					0	0	0			0	0	0						0	0	0	
Facilities Housekeeping																					
None at Present					0	0	0			0	0	0						0	0	0	
Estates																					
Estates 2	UHL	22/05/2019	Issue: New theatre block at UHL. Component failure star delta control obsolete parts in all AHUs: Risk: failure of AHU Impact: loss of provision due to equipment air handling equipment not working resulting in procedures being delayed or moved	GW	4	5	20	Equipment is currently being maintained ro a reasonable standard. Plans in place to fit direct drives to all systems under the refit scheme	Some parts are maintained in stock at the current time	4	5	20	some theatres are more at risk than others dependent on the age of the equipment.	Some parts but becoming few and far between	Equipment needs converting to direct drive units which will alleviate the issue. DD units have now been fitted under the refit program which mitigates the risk	Mark Branch		3	1	3	21/12/2022. 11/04/2025 - Score change after review - Likelihood now = 5. (IR & CR change)
Estates_18	UHW	UHW wide - LOF areas	Issue: Fire doors identified as requiring replacing due to condition of doors not meeting fire requirements Risk: fire doors non compliant Impact: door will not perform in accordance with standards in the event of fire thus not containing the spread of fire and putting patients staff and visitors at risk	GW	5	4	20	Door inspected weekly as part of a PPM by estates staff	Inspection results recorded	5	4	20	Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 220-241N	Delays in carrying out the replacement of non compliant doors	Quotation required for replacement doors in line with fire legislation requirements -Fire doors have been reclassified around the C&V estate, New PPM to reflect this	Estates	ASAP	5	1	5	

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					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total	
Estates 30	UHW	MGPS Obsolete PRV & GAUGES	Risk/Issue: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change. Obsolete equipment and currently out of compliance with overdue uninspection.	GW	5	4	20	No specific control for this equipment, only visual inspection.	Checks on the equipment.	5	4	20	Possibility of manifold back up and alternate supplies for certain gases.	Unable to isolate equipment supplying critical parts of the hospital.	plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	IF/PG All MGPS	31-Dec-22	5	1	5	21/12/2022
Estates 49	Lift AE	07/12/2022	Risk/Issue: With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc	GW	4	5	20	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system.	No incidents recorded and system managed to correct standard using OTIS contractor & BES inspection.	4	5	20	System managed as trained but not appointed formally	Do not follow the HTH standard and authorisation process, hence not compliant	To research and obtain quotes for service of a Lift AE.	Paul George	31-Mar-23	4	1	4	21/12/2022
55	BMSI Control	14/12/2022	Risk/Issue: General issues with IT ports and BMSI system. The ports become locked and no system communications over the network and affects plant and control functions.	GW	5	4	20	Contact IT department to reset the port, but can take too long for this process to be resolved.	Can operate valves, pumps and vents annually but not ideal and this will add additional pressures to the already stretched estates team.	5	4	20			Record all events and timeline from issued raised to issue resolved by IT.	Chris Watts	31-Mar-23	4	1	4	21/12/2022
56	Services & Infrastructure	14/12/2022	Risk/Issue: General site mains water services due aged infrastructure and risk of failure. Each year we experience pipe failures and requires excavation works to repair.	GW	5	4	20	Most repairs can be completed within 48 hours depending on location of the leak and a water bowser can be hired to provide water supply.	Currently only short duration with water turned off for repair to minimise disruption to services and areas affected.	5	4	20				Chris Watts	31-Mar-23	5	1	5	21/12/2022
58	Community Barry	14/12/2022	Risk/Issue: Drainage problems where they keep backing up. We constantly call Wales environments to unblock the drains. Patients do stick hand paper towels down the toilet.	GW	4	5	20	The drains are checked on a weekly basis. Camera survey carried out, but contractor has reported the underlying problem is the drains may need re-benching.	Unfortunately this is only a short term solution.	4	5	20	We need access to the internal manholes we should then be able to unblock them more efficiently, but this causes problems with patients because any raised edging around the manhole could cause a trip hazard.		Meeting with TSF flooring contractor at BARRY Hospital to see if a solution can be devised.	Mark Branch	31-Mar-23	3	1	3	21/12/2022 - 11/04/2025 - Still risk although current managed under PPM, score amended and increased to 20. (IR & CR change)
Estates 76	UHW	CHW Phase 2 Plant room	Risk/Issue: Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	GW	5	4	20	None Specified	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible.	5	4	20	Parts availability 6-8 weeks	None specified	None specified	Chris Watts	04/07/2023	5	1	5	31/07/2023

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Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total	
90	Roof Leak West 8	26/07/2023	Risk/Issue: Main roof leaking, there are cracked/ damaged tiles around solar panels. Estates are not able to repair - Ext. Specialist contractor required (Roofing contractors will not move solar panels due to liability issues)	GW	4	5	20	None Specified	Bed moved away from leak area on ward-	4	5	20	None specified	None specified	None specified	Dave Evans	26/07/2023	4	2	8	26/08/2023
90A	Roof Leak West 8	13/11/2023	Risk/Issue: Main roof leaking into ward area, there are cracked/ damaged tiles around solar panels. Estates are not able to repair - Ext. Specialist contractor required (Roofing contractors will not move solar panels due to liability issues) room 02-01-123, beds 5-8 West 8 - Charles Radcliffe Leaking Velux and several roof leaks throughout ward in patient/staff areas	GW	4	5	20		buckets emptied by staff as and when	4	5	20	None specified	None specified	None specified	Dave Evans		4	2	8	31/12/2023
93	UHW	LV Substation 2A	Risk/Issue: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Failure to provide on distribution strategies standby generators resilience of N+1 automatically Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	GW	5	4	20	None Specified	LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - Include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Heath Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable	5	4	20		None specified	None specified	Chris Watts	29/07/2023	4	2	8	
94	Central Plant room 1st room	04/08/2023	Risk/Issue: 2 Boilers unservicable out of 6 -Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's)	GW	4	5	20	None Specified		4	5	20	Leak diverted / temporary fix until Flu repair has been carried	None specified	None specified		04/08/2023	4	2	8	05/09/2023

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106	Heating & DHW Boilers	01/09/2023	Risk/Issue: Central Plant room 1st Floor - 2 Boilers out of 6 not working - possibility of loss of heating and hot water -clinics could close - cause, leaking boiler flu / roof (Water ingress has damaged Circuit boards)	GW	4	5	20	Leak has been diverted	Contractors contacted to provide quotes	4	5	20	Leak still present	only 4 out of 6 boilers working		Mark Branch		4	1	4	
Estates 111	UHW	Main Chiller Pipework	Risk/Issue: External supply and return main chiller plant pipework is severely corroded for 2 mteres in length, where lagging is missing. Estimate 3mm thicgness has corroded on pipe thickness. (behind DSS10 HV S/S)	GW	5	4	20	Monitor condition until planned replacement	No assurances due to level of thickness deterioration to date.	5	4	20	Unknown detail of pipework and duration exposed to the elements.	Suggest inspect further sections to check overall condition of pipework	Both sections of the corroded 2 metre length of supply and return pipework needs to be replaced.	Estates, tbc	2023/24	5	1	5	
Estates 112	DSS4 HV & LV Sub Doors	09/09/2023	Risk/Issue: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	GW	5	4	20	Monitor condition until planned replacement	Due to the risk off not solid fixing and loose fitting plus possible barring open the doors and into the HV/LV rooms No assurances. No issues to date but high possibility	5	4	20		Obtain quotes and replace asap.	Replace both sets of doors to metal/steel type with securefixing and locks, with CLIQ key system.	P George	2023/24	5	1	5	
Estates 120	CWST	14/10/2023	Risk/Issue: Safe Access to the CWST (B58) is difficult with no ladder or any safe means of access to carry out statutory tank inspections and testing. Serius risk of fall from height and injury to person.	GW	5	4	20	The CWST has been inspected and a further visit required to see what temporary solution can be put in place.	Monthly , quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure until permanent can be installed.	5	4	20	Both contractors and DEL labour require access.	Check with contractor last time inspected and how safe access was achieved?	Design and install a permanent, secure and safe access uremently.	P George	31/12/2023	4	1	4	31/03/2024
Estates 122	UHW	A Block Roofing sheets	Risk/Issue: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather	GW	5	4	20	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration)	Roof sheets in S. West corner of A south will require renewing long term	5	4	20						4	1	4	
Estates 123	Sigma BMS control cards	18/10/2023	Risk/Issue: Satchwell Sigma BMS control cards are no longer supported, Areas of concern include, Heating/ventilation/cooling/LTHW/DHW controls in sensitive areas include UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	GW	5	4	20		Have now been limited to unknown second-hand option's (potentially unavailability's) OBSOLETE Pass limited USED/second hand BMS cards have now been totally used-up, no further stock or availability in-place, increasing passed assurance, due to factors above– needs to be re RAG rated	5	4	20	Gaps in control – Minimal Upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support.					5	1	5	
Estates 124	UHW	Main Oxygen VIE Supply	Risk/Issue: Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major rosk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.	GW	5	4	20	We have emergency manifold system for any emergency scenario, but not for longevity to maintain oxyegn demand for hospital. This concern has also be raised by the MGPS Authorising Engineer as a potential point of failure.	Piped system can only be checked from exposed pipe above gound level.	5	4	20	Unsure of general condition of buried oxygen pipework	Planned improvement works to site oxygen from second VIE but long term project and the estates VIE will form part of the improvement plan, therefore needs secure and protected pipework.	Investment and plan to replace and redirect the main oxygen pipework run into the hospital.	P George	31/12/2024	5	1	5	31/01/2024

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Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Consequence	Likelihood	Total	Controls	Assurances	Consequence	Likelihood	Total	Gaps in Control	Gaps in assurance	Actions	Who	When	Consequence	Likelihood	Total	Date of next review
143	68	16/04/2024	Risk /Issue: The Flue is leaking in CRI main plantroom.Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern. We are awaiting more information on what the exact cause is as it appears to be condensation from the flue. The risk of major failure is likely if the boilers fail as this offers large parts of CRI, heating and hot water.		4	5	20	none specified	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but obviously in the short term this is not a realistic option.	4	5	20	None specified	None specified		Tom Gerrett		4	1	4	11/04/2025 - Score amended and increased to 20, with Capital checking. (IR & CR change)
Estates _145	CRR69	17/04/2024	Risk/Issue: B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing. C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre		5	4	20		Leak into B Block monitored and catchment pigs set up – Building teams obtaining quotes / funding as high cost. C block is not leaking at present, but without remedy membrane will be damaged over time.	5	4	20	None specified	None specified		Jody Shepperd		4	1	4	
Estates _148	Hamadryad	25/09/2024	Risk/Issue:2nd Floor internal damp damage from chimney stacks. Damp issues and mould from poor condition of chimney stacks and vegetation to gutters.		4	5	20	Not possible	Scaffold is needed to access all roof repairs. Quotes have been submitted	4	5	20	None specified	None specified		Mark Wright		4	1	4	
Estates _149	CRI	02/12/2024	Risk/Issue:The boilers in Main plantroom CRI are suffered from high levels of corroding, the leak was suspected to be from rain water. Upon investigation the general opinion from X2 contractors was that this is due to compromised gaskets in the double skin of the flue itself. The boilers are set at 72, but running at 82, with a question mark around the speeds being too high resulting in damaging the joints with the temp being too high hardening them over time causing them to be compromised. The leak on the flue is also a concern for the offering of a source of combustion in the plantroom. (Due to fears around the integrity of the flue). The Report has been submitted to Dis/Capital around the cause and		4	5	20	Leak diversion set up	The only assurance that can be offered is protecting the boilers as best as we can. Without significant investment the issue will remain. The recommendations are to have them changed and the flue replaced.	4	5	20	None specified	None specified		Tom Gerrett		4	1	4	
Estates _150	UHL	02/12/2024	Risk/Issue:The pipework supplying the cold-water feed for theatres, Spinal, Cavoc. The pipework on 54mm appears to be pin holed possibly in multiple areas, we are unable to strip the lagging investigate further due to the number of leaks with potentially some 20+ meters needing stripping in the ramp adjacent to the canteen and workshops. The lagging would then constitute licensed removal with substantial cost and probability the old pipework is heavily rotten anyway.		4	5	20	A cost is raised and we are awaiting authorisation from senior management on the bypassing work at the far end of the duct. The diversion of the leaks is only a temporary measure and obviously in the long term this is a significant risk to operation of Ilandough theatres, cavoc and spinal.	The only assurance is a temporary bypass to keep the areas above mentioned operating, and a long-term plan to replace some 200M of 54mm pipework.	4	5	20	The bypass is only seen as option to buy us time in how we wish to proceed and should not be seen as a suitable alternative in the long-term.	Potential loss of the areas mentioned due to failure on the cold-water feed.		Tom Gerrett		4	1	4	
Estates _151	UHW	16/01/2025	Risk/Issue: Hand rails are in place to prevent falls from height on East and West side of roof only. Hand rails end prior to Apex of roof on North end of roof, with 2" wall. There are no lifelines on this roof with possibility of 3+ floors of fall		4	5	20	Restrict access	The only assurance is to restrict access to gutter walkway - but any not obeying this	4	5	20	To discuss new hand rail or lifeline installation			J Shepperd		4	1	4	
Estates _152	CAVUHB	11/02/2025	Risk/Issue: Due to overtime authorisation not given, there will be occasions when there will be not qualified and competent Electrical Engineer on site out of hours to respond to emergencies. These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.		4	5	20	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC, however attendance out of hours could be up to an hour away from initial call being received. If electrical fault is local then no emergency power supply would be available with UPS batteries depleting within approximately 30 minutes. If issue is in relation to a lift entrapment, OTIS would be called, however this would also be an hour away without any estates presence to support. Fire alarms could continue activating throughout the night if not actioned by	None, due to levels of constraints around time and travelling to site.	4	5	20	No dedicated electrical engineer on site to respond within a timely manner.	No assurance provided.	To be raised to SMT within CEF.	Gareth Simpson		4	1	4	

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Estates_153	CAVUHB	11/02/2025	Risk/Issue: Due to overtime authorisation not given, there will be occasions when there will be not qualified and competent Mechanical Engineer on site out of hours to respond to emergencies. These emergencies consist of fire alarm activation, loss of medical gases including oxygen), loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.		4	5	20	Escalation to Senior Management Team & SMOC, however attendance would not be guaranteed as this would require additional overtime payments which have not been approved. Out of hours, any agreed response could be up to an hour away from initial call being received. Loss of medical gases, could affect life preserving equipment in theatre and ITU settings. If issue is in relation to a lift entrapment, OTIS would be called, however this would also be an hour away without any estates presence to support. Fire alarms could continue activating throughout	None, due to levels of constraints around overtime payments, time and travelling to site.	4	5	20	No dedicated mechanical engineer on site to respond within a timely manner.	No assurance provided.	To be raised to SMT within CEF.	Gareth Simpson		4	1	4	
Estates_154	CAVUHB	11/02/2025	Risk/Issue:Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies. These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen), loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.		4	5	20	Clinical Staff would need to escalate to Senior Management Team & SMOC, however attendance would not be guaranteed as this would require additional overtime payments which have not been approved. Out of hours, any agreed response could be up to an hour away from initial call being received. Loss of medical gases, could affect life preserving equipment in theatre and ITU settings. If issue is in relation to a lift entrapment, OTIS would be called, however this would also be an hour away without any estates presence to support.	None, due to levels of constraints around overtime payments, time and travelling to site.	4	5	20	No dedicated mechanical engineer on site to respond within a timely manner.	No assurance provided.	To be raised to SMT within CEF.	Gareth Simpson		4	1	4	
Estates_162	UHW	01/05/2025	Risk/Issue:Roof Lifeline/Mansafe covered & Obstructed by AHU. This means the lifeline is unusable in it's current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER. As box section cover line, persons are unable to clip 2 clip over box section.		4	5	20	NONE – Restrict / No Access, lifeline cannot be used		4	5	20	None specified		Funding required,	J Shepperd		4	1	4	
Estates_163	UHW	01/05/2025	Risk/Issue:Roof Parapet wall not to regulation height (<1.1M) – possible fall from height. Lifeline/Mansafe access covered & Obstructed by Air Con units. This means the lifeline is not safely accessible in it's current state (to clip on lifeline, you would have to climb onto sloping roof to be able to clip on). As AC Units section cover place of safe access.		4	5	20	Restrict access		4	5	20	None specified		Funding required,	J Shepperd		4	1	4	
Estates_167	UHL	12/06/2025	Risk/Issue:The MRC plant room was upgraded around 20 years ago with second hand equipment after the plant room had its first asbestos strip out. plant is standalone, providing heating, hot water, feeding the whole of the MRC. High risk of failure. Whole plant room needs total full refurbishment of plant infrastructure. Heating calorifier and access limited. Single calorifier unlagged and uneconomical. Condense Receiver has a big split in the tank surrounded with asbestos, high cost for removal. Hot water cylinder original copper cylinder beyond working life and ready to fail. Condensate pumps corroded and poor condition. Electrics containment and switches corroded. Old BMS controls. Poor circulation on heating system. Disruption to dept. services users (IPC -Housekeeping Department-Medical records Staff). High financial cost for the whole of the plant infrastructure. Rusted corroded failed/pipework valves – Needs		5	4	20	We continue to monitor on a weekly basis and look to repair minor repairs when required. We have diverted the current leak from the calorifier.	In an event of total plant failure, we can put in electric under sink/ over sink water heaters. For temporary heating, plan is to provide limited electric oil filled radiators.	4	4	16	High risk of failure of large plant and to provide heating and hot water to the service users.		Due to the size of the works required and financial risk cost, this needs to be passed for Capital intervention to replace whole plant infrastructure. This should be looked at before and review the winter season.	Mark Branch		4	1	4	
Estates_168	UHL	23/06/2025	Risk/Issue:Due to the ongoing issues to control Legionella bacteria positive water sample results, the requirement for a different system that will provide adequate control and eradication of legionella risk in the water system.		5	4	20	Currently we have Chlorine Dioxide dosing into the cold water system and manual flushing by estates and clinical staff. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution.	Reasonable assurance with the work carried out to fight the legionella bacteria, but due to the age of the system, modifications to clinical areas has made the system to control difficult	5	4	20	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures. Plus lack of control and estates being informed of vacant areas.	The water system has had booster pumps added and old pipework system inadequate for effective flow around the hospital and specific areas.	To upgrade the chemical control system to help combat and eradicate potential legionella bacterial growth and risk to patients and invest and review new advanced technology; E.G. a new system cold Copper-Silver Ionisation which is proven or Chloric acid system.	Paul George		4	2	8	
Estates_169	UHW	24/06/2025	Risk/Issue:Currently we have no Chlorine Dioxide dosing into the cold water system. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution.		5	4	20	Currently we have no Chlorine Dioxide dosing into the cold water system. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution.	None due to the system not operational and dosing.	5	4	20	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures.	Without dosing into the cold water system unable to provide assurance on the cold water system.	To upgrade the chemical control system to help combat and eradicate potential legionella bacterial growth and risk to patients and invest and review new advanced technology; E.G. a new system cold Copper-Silver Ionisation which is proven or Chloric acid system.	Paul George		4	2	8	
Critical Risk Project																					

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2		UHW 20/11/2023	Issue: High voltage load shedding equipment Risk/Potential Impact : <ul style="list-style-type: none">•The system relies on external data from the building management system which is now old and newer systems available•The system age is now not compatible with latest BMS installed•Failure of the system could result in no power being distributed to site.•Failure could result in overload of generator and no power available•External parts could fail and not work correctly causing loss of power•There is only one system no N+1•No simple override system•Only know it's working when required to do so•Only Authorised people high voltage (APs) able to remedy		5	5	25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system.		5	5	25			<ul style="list-style-type: none">•Upgrade existing system and associated equipment to latest standard•Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure•Look at simple override function (remote switching)•Possibly move away from BMS control and move to independent system			5	1	5	
7		UHW 22/11/2023	Issue: 2 Pumped cold water mains to roof tanks Risk/Potential Impact: <ul style="list-style-type: none">•Failure of pipework (resilience)•Unable to supply cold water to roof tanks•Age of original pipe and number of repairs•+1 pipe is now approximately 20 years old•Both pipes converge into one riser (single point failure)•Disruption to site when failure occurs•Treated water (chlorine dioxide) not supplied in event of total failure•Labour intensive to resolve		5	4	20	<ul style="list-style-type: none">•N+1 installed one can supply the site•Contractors usually effect repair within 2 days•Pipes separated for most of run minimizing accidental damage, or subsidence.•+1 installed within 20 years•Alternative supply available in LGF (untreated)		5	4	20			<ul style="list-style-type: none">•Plan to replace original pipe with modern materials and jointing techniques.•Look at secondary riser either full bore or emergency capacity.•Look at life cycle of +1 and plan replacement			4	1	4	
15		UHW 01/12/2023	Issue: Blowdown vessel of main steam boilers Risk/Potential Impact: <ul style="list-style-type: none">•Operational difficulty in controlling quality of boiler water•Failure to meet pressure vessel regulations (subject to defect notice)•Contravention for water discharge permit by Welsh water•Scalding risk•Isolation vales showing signs of wear•Age of vessel beyond working life		5	4	20	<ul style="list-style-type: none">•Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event)•Approved people in boiler house and trained•Daily checks carried out		5	4	20			<ul style="list-style-type: none">•Suggest new vessel and associated valves replaced•Repair existing vessel and controls to comply•Improve PPMS and reporting procedures•Carry out remedial maintenance works			4	1	4	
28		UHW 01/12/2024 date	Issue: 11kv main distribution board for UHW site network Risk/Potential Impact: <ul style="list-style-type: none">•There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance.•Fault with board causing loss of power to hospital•Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas.•Unsure of replacement parts due to age and Gas type•Only Authorised people able to switch equipment•All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss.		5	4	20	<ul style="list-style-type: none">•Any new developments added to existing ring will require low voltage stand by generation to take load.•Able to split board and feed from other half of board•Regular checks for leaks•Contract with specialist contractors for maintenance•Trained staff and competent staff on call 24/7•Full alarm system and regular maintenance		5	4	20			<ul style="list-style-type: none">•Undertake independent review and seek advice off Authorizing Engineer on level of Risk•Consider sourcing spares•Review upgrade options•Look at extension of existing board•Look at having back up emergency arrangements away from existing building.			5	1	5	
48		UHW 01/12/2024	Issue: Main 415 v distribution panel Risk/Potential Impact: <ul style="list-style-type: none">•Failure of Board due to age and leave area without power.•Live terminals exposed RISK OF ELECTROCUTION•Whole board shut down to work on system•Parts not readily available adaptations would need to be completed to make a repair.•No overload protection only rewirable fuses•No expansion available without add on boards		5	5	25	<ul style="list-style-type: none">•No mitigation against failure•Warning notices to be fitted•Qualified competent electrician only to work on system		5	5	25			<ul style="list-style-type: none">•Review installation for suitability.•Install new board to modern standard and re cable all outgoing services with appropriate protection.			2	4	8	
50		UHW 01/12/2024	Issue: 2 cold/hot water storage tanks Risk/Potential Impact: <ul style="list-style-type: none">•Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1.•Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance.•Tanks serve both services hot and cold any issues result in both services being affected.•Tanks 24 years old life expectancy is 25 years•Tanks physically joined together and not wholly independent.•Access ladder non-compliant		5	4	20	<ul style="list-style-type: none">•Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system.•2 tanks normally available for resilience.		5	4	20			<ul style="list-style-type: none">•Replacement of tanks completely to current standards.•Two independent tanks fitted of the correct size and in line with today's standards•Ensure access ladder upgraded			4	1	4	
79		UHB 04/12/2024	Issue: Cast Iron above ground drainage pipes Risk/Potential Issue: <ul style="list-style-type: none">•Due to age leaks due to cracking have occurred.•Sewerage outfall at failure of pipes causing disruption to departments.•Internal bore restricted causing blockages•Damage to equipment and departments•Expensive repairs and clean ups to revenue budget		5	4	20	<ul style="list-style-type: none">•Replacement program for main ward blocks•Repairs can be carried out at point of failure		5	4	20			<ul style="list-style-type: none">•Conduct conditional survey and highlight areas in need of replacement in priority order.•Extend replacement program to cover essential areas or problematic areas by priority.			4	1	4	

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85		UHW 10/12/2024		Issue: Day surgery medical air compressors Risk/ Potential Issue: •The plant is located within a general plantroom with ventilation, electric distribution and other equipment. This is a non-conformity making it non-compliant. •Plant is old and repairs have been carried out to keep plant running. •One compressor obsolete and not working		5	4	20	•Unable to mitigate against non-compliance •Maintenance contract in place for repairs to plant		5	4	20			•Remove plant completely when new A&E med air plant installed and rationalize pipework and distribution supply pipe work			4	1	4	
93		UHW 18/12/2024		Issues: Modular heating boilers Risk/Potential Issue: •Lack of heating in winter CHFW Phase 1 •Boiler safety notice issued only 3 out of the 12 modules working, will not meet heat demand in winter •Expensive to replace modules beyond repair •Obsolescence in future new variant required to replace •Only > 60% efficiency as single pass boiler (condensing boiler)		5	4	20	•No mitigation replacements need to be sought		5	4	20			•Suggest install new more economic condensing boilers before winter. •Repair replace other modules			4	1	4	
Mechanical																						
M29			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Maintenance intermittent due to access issues to the AHU within ward waste room. Fan coils in ward are not accesable unless ward emptied fan coils do not comply	System has never complied with HTM'S	5	4	20	System isnt suitable and correct maintenance is restricted control measures are not sufficient to reduce the risks significantly	Curernt HTM not being adhered to	Acute Site Master Planning schemes are looking to resolve most issues around the HTM in particular the ventilation. This is however a medium term plan and requires significant funding. C3South & C3 North are currently going through the design stage	DC Team	funding dependant	5	1	5	Bi Monthly
M30			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW ITU B3N North does not comply with HTM's for ventilation. Impact: Not compliant Risk; loss of critical services that will effect patients	GW	5	4	20	Maintenance intermittent due to access issues AHU within ward	System has never complied with HTM'S	5	4	20	System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly
M31			Jun-21	Risk/Issue: Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. Impact: Not compliant	GW	5	4	20	Regular maintenance being carried out	System has never complied with HTM'S	5	4	20	Not compliant with HTM control measures	Curernt HTM not being adhered to	Look at improving the sytem to comply with current HTMs	DC Team	funding dependant	5	1	5	Bi Monthly
M36				Risk/Issue: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients		5	5	25	Regular maintenance being carried out	UHW & UHL would suffer from Equipment Failure due to high pressures	5	4	20	Not compliant with HTM		UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being			5	1	5	Bi Monthly
M46			Oct-23	Risk/Issue: Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW Impact: Potential AHU failure leading to loss of main recovery	GW	5	4	20	Regular maintenance being carried out.	System is subject to statutory testing and inspection in line with legislation and HTM	5	4	20	Systems are being maintained to best endeavour	System needs replacing	prepare plans to renew the AHU	DC team		5	1	5	
M49			Oct-23	Risk/Issue: Ventilation AHU serving Maternity delivery suites does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. Impact: Potential AHU failure leading to loss of service.	GW	4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	5	20	replacement of AHU required	Statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the AUH.	DC Team	01-Aug-20	4	1	4	
M61				Risk/Issue: Hamadryad Centre boiler no1 & 2 in very poor condition Fan dilution system inadequate Impact: Potential loss of heating in area		4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	5	20	replacement of boiler required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3	
Electrical																						
E1				Risk/Issue Lifts urgently require replacement. A phased approach has been adopted with the following lifts to be reviewed: Maternity Lifts 8 & 9 All to be considered. Impact: Failure of lifts restricts public and staff movement around site. Lifts 1, 2,5,6,12,13,14,15,16,17,18,19,20,21,22,23,24 & 27 All to be considered. Impact: Failure of lifts restricts public and staff movement around site		4	5	20	Maintained on a best endeavours philosophy until scheme to replace these lifts is conducted	The UHB has an annual testing program in place that inspects all lifts. These lifts require major overhaul and upgrade to latest standards	4	5	20	Some parts are likley to become obsolete whilst waiting for upgrades	Although lifts are annually tested in line with statutory requirements this doesn't control any breakdowns	Put a replacement plan in place for lifts	Senior Electrical engineer	01-Dec-25	4	1	4	

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E16			Risk/ issue: during maintenance and testing works for operation POET (power outage emergency test) an issue was encountered in electrical sub station 2A where the automatic changeover system to start the low voltage generator is not functioning. Maintenance and re-testing has been carried out on numerous times however has not resolved the issue. The equipment cannot be directly replaced due to the age of the panels and equipment is now obsolete. In the event of an unplanned power outage the changeover system will not work and will require manual switching by Estates staff. Sub 2A provides power for a number of essential areas including Main Operating Theatres, Dy theatresand recovery, SDEC, Mortuary, Cath labs A B and C, sections of the LGF tunnels and other essential plant.		5	4	20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for replacement of the equipment.	5	4	20	Redesign of the electrical infrastructure required to improve reliability and resilience	Obsolete parts unavailable in the short term until replacement project can be undertaken.	Bid to WG for funding under EFAB scheme or BJC funding for 2024	Senior Electrical engineer	01-Dec-24	5	1	5	
E17			Risk/issue:Reliance on HV generatorfor critical services		5	4	20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for installation of secondary LV generators to essential loads	5	4	20	Redesign of the electrical infrastructure required to improve reliability and resilience	none	Bid to WG for funding under EFAB scheme or BJC funding for 2025	Senior Electrical engineer	01-Dec-25	5	1	5	
Asbestos																					
24		02/01/2024	Risk/Issue: Regulation 18 areas in the Dental Hospital (ceiling voids and risers) do not allow routine maintenance of services (Fire alarms, fire compartmentation & dampers, ventilation systems and other essential services). It also makes routine upgrades of equipment, cabling and other services complex and more high risk and makes dealing with emergencies (water leaks etc) slower, more complex and more expensive Impact: When there are emergencies (ceiling tile collapsing, fire etc) there is an increased risk of exposure to asbestos fibres to staff and the public in the vicinity. The lack of routine maintenance increases the risk of loss of service for the clinical areas. The increased costs involved in working in this building are significant.		5	4	20	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MICAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler.	Staff, both within the Dental Hospital and Estates are aware of the requirements and the AMT are copied into all correspondence regarding maintenance works and emergencies. Dental staff are used to vacating rooms that show signs of or experience any breach of the ceiling. Estates have an arrangement with one of the approved LARCs to respond within 4 hours to emergencies. Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS.	5	4	20	There have been several occasions over the last 3 years where contractors have undertaken work without the necessary controls in place because they were not aware of the requirements.	No identified gaps in assurance.	The ceiling voids and risers should be remediated on a rolling programme of works until all ceiling voids and risers are generally accessible. The order should be based on the likelihood of issues in each area. This is a significant cost /disruption because of the requirement to close the area for 12 weeks and replace the ceiling and other services on completion of the asbestos remediation. Cleaning the risers would represent a significantly lower cost and disruption impact and could be done within a single financial year.	AMG / Cap / Estates / Dental	01/04/2030	5	2	10	
25		02/01/2024	Risk/Issue: Regulation 18 areas in the basement of CRI Outpatients does not allow routine maintenance of services (heating, electrical supplies and mains water to the site). Impact: When there are emergencies (water / heating loss etc) there is an increased risk of exposure to asbestos fibres to staff. The lack of routine maintenance increases the risk of loss of service for the clinical area it serves.		5	4	20	The basement is accessible only by Estates staff and the 2 rooms with friable asbestos on the floors are both locked with suited keys and have Reg 18 signage. Staff have also been told about the change in status.They have also been added to the Regulation 18 area list. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor).	Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS.	5	4	20	No gaps in control identified.	No gaps in assurance identified.	The two rooms with friable asbestos on the floor should be remediated as a priority but the other 4 adjacent rooms also have high risk products which while manageable in their current state would be more cost effective to remove as part of a wider scheme of work.	AMG / Cap / Estates / Dental	01/04/2025	1	1	1	
Assurance and Compliance																					

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HS19		Contractor Control		15/02/2025	<p>Issue: Risk Assessment (RA)/ Method Statements (MS) that are provided and in some cases not provided unless prompted and are often not suitable for the task being carried out. They are often generic and not job specific. The RA/MS are often not provided in good time for review. On occasion contractors will attend site to start work without the submission of RA/MS. Contractors / sub-contractors often attend site not provided with or equipped with the information and documentation that they require to work safely on the C&V estate. documentation</p> <p>Risk/Potential Impact: Is that we are not compliant with the Cardiff & Vale University Health Board Control of Contractors Policy V4. There is a potential for an accident/ incident that can be serious in nature, leading to enforcement action/ prosecution by the enforcing authorities.</p>		5	4	20	Cardiff & Vale University Health Board Control of Contractors Policy V4 and supporting appendices are in place and have been so since 2013. Duties are contained therein for both the Health Board Supervising Officer/s and contractors alike.	Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently.	5	4	20	Supervising officers often fail to ensure that the contracted out works are not always carried out in accordance with the C&V Control of Contractors Policy V4. Supervising Officers have specific duties under the policy. Contractors often do not work in accordance to the Control of Contractors Policy V4.	By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/ incident.	Ensure that both parties are fully aware of their duties under the C&V Control of Contractors Policy V4 and are adhered to.	Supervising Officers, Principal Contractors, Assurance, Sub-Contractors Compliance and Asbestos Team members.	3 - 6 Months	5	1	5	May-25	
Compliance																								
S19					<p>Issue: Ventilation Smoke/Fire Dampers. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure.</p> <p>Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.</p>		5	4	20	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access.	5 year contract in place. Started 1st Sept 2019. + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually.	3	5	4	20	40% of dampers are not being serviced due to access issues. These range from no access hatches through to existing services prevent damper access.	Some of the dampers can not and will not be able to be access due to the amount of services obstructing the damper access.	Carry out remedial work to provide access where possible. Note not all dampers will have access available after this process	Tony Ward / Richard Sheppard	01-Dec-23	5	1	5	Monthly
S19A					<p>Issue: Ventilation Smoke/Fire Dampers. DENTAL HOSPITAL UHW Regular inspection and / or maintenance is not possible as fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos.</p> <p>Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.</p>		5	4	20	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas.	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis.		5	4	20	Inspections will only be carried out as and when ceiling voids are made safe of asbestos	Unable to complete until all floors have been made safe of asbestos.	Continue with schemes to made area accessible.			5	3	15	
Building																								
B4					Plant room roofs at UHW are showing signs of degragation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets	GW	5	4	20	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss	Roof is being monitored	5	4	20	No plan at present to address the issues	Monitoring is not recorded formally	Put in a plan to formally monitor roof in A block and carry out full structural survey of all roofs including lift plant room roofs	DC team	Aug-21	5	2	10		
Energy and Environment																								
13					<p>Risk/Issue Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).</p>	GW	5	5	25	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	Assurances are through monthly reporting and meetings with finance.	5	4	20	None	None at present	None	Head of Energy and Performance	20-May-22	5	4	20		
18					Risk/Issue IT Connectivity associated with Refit Phase 2/3	GW	5	4	20	Refit phases 2 and 3 have meetings with contractor and IT weekly to resolve. Also further strategic meetings in progress	Control is through ISO14001 accreditation process and EMSG.	5	4	20	None	None at present	None	Head of Energy and Performance/Head of Discretionary Capital & Compliance	Ongoing	4	1	4		

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19			Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	GW	5	4	20	Current O and M contract is in place until December 2023. Internal discussions are being held to develop proposed solutions.	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy	5	4	20	None at present	None at present	Discussions are in progress with Clarke Energy regarding future options and the provision of an O and M temporary bridging contract until 31/3/23. There will be no warranty/breakdown provisions with this agreement. Risk rating has been upgraded.	Head of Energy and Performance/Head of Discretionary Capital & Compliance/Head of Facilities	Ongoing	5	2	10	
20			Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in April 2025. Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacment. As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB	GW	5	4	20	Current O and M contract is in place until April 2025. Internal discussions are being held to develop proposed solutions.	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy	5	4	20	CHP plant upgrade/replacement is required.	CHP Plant upgrade/replacement is required	Discussions are in progress with Clarke Energy regarding future options. Paper has been prepared detailing available options. If preferred option not progressed then an intermediate plant upgrade, service and other works will reduce operational risk. Estlmated cost of these works is £1.1 million inc VAT.	Head of Energy and Performance/Head of Discretionary Capital & Compliance/Head of Facilities	Ongoing	4	4	16	

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